GUY'S HOSPITAL GAZETTE

NEW SERIES

VOL. 83

1969

Guy's Hospital Gazette.

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VOL. LXXXIII

1969

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Published by the Committee of Guy's Hospital Gazette and Printed by the KENTISH TIMES LIMITED, 22. North Street, Bromley, Kent.

GUY'S HOSPITAL GAZETTE

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SPORTS CORRESPONDENT I. M. MORRIS
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FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2099

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

1969

At last 1968 is over and 1969 is newly started on its course. Forgetting the tired old year we look forward to—who knows what? A man on the moon? The conquering of renal and heart transplant problems? A new style N.H.S. and new style medical education?

May we wish success to all and peace and happiness in 1969.

New Year Resolutions

The Students' Medical Education Committee must often appear to be a rather nebulous entity to most students, but every now and then it comes up with a suggestion, gets to the root of the problem as it sees it, negotiates with the relevant authorities and arrives at a final conclusion which it issues as an executive document affecting all the students at Guy's. This is as much as one can reasonably expect from any committee and certainly justifies its existence as a negotiating body between the students and the Dean.

We have recently been presented with a situation which, in many other places of higher Education which shall remain nameless, might have led to sit-ins, lie-ins, and anything-goes-ins. Not so at Guy's. After a few well-chosen letters to the *Gazette* had stirred up the life-blood of the S.M.E.C., they began negotiations with the Dean and nipped the rebellion in the bud with a timely edict on the subject of signing-in at lectures.

The problem can be summed up as a conflict between the fact that the Dean is bound by University regulations to certify that each student sitting for the M.B., B.S. exam has attended courses of lectures on many and varied subjects and that, to this end, it has, up to now, been necessary for students to sign-in at lectures that they attend during the Clinical course. This system has, from time

immemorial, been subject to more or less abuse. The obvious use of forgery of friends' signatures, the mass exodus of those who having signed-in leave before the lecture actually starts have always been much in evidence and the situation was most unsatisfactory.

The new system will involve voluntary, unregistered attendance at lectures in the course and an exam at the end of each course on the topics covered. This will probably be a computer-marked multiple choice paper to make the administration of the exam as easy as possible. Thus, it will be left to the student to choose between attending the non-compulsory lectures or doing the reading themselves in the quiet solitude of library or flat.

This is altogether an admirable idea and would seem to coincide with the views of most students. It obviates the necessity of perjuring oneself or of persuading a friend to perjure himself on your behalf, whilst providing an incentive, needed by all but the most virtuous, to do some work during the clinical course before the panic sets in a couple of months before finals start. However, in applauding the Dean on his spirit of co-operation with the students, and the S.M.E.C. on their good work we must temper our congratulations with one or two provisos.

It will be important to establish quickly the date on which the new system will come into play so that the student body may adjust itself to it. It must also be stated whether all the exams will be compulsory and if it will be necessary to pass all or some, or none of the "exams" in order to be signed up for the M.B. exam.

Then, will provision be made for those away on sector, specials, visits to peripheral hospitals or other unavoidable commitments away from Guy's? Also could it be made rather more obvious than it is now which lectures are to be attended and when? (The confusion arises because one leaps into the Second year clinical lectures after three months in the pre-clinical course and this carries on through one's remaining time at Guy's). Could a syllabus of subjects to be covered in each series of lectures—or even better would be notes on the lines of those issued at the Pharmacology and Radiology lectures—be issued freely, so that those choosing not to attend the lectures might have some idea of what will be contained in the exam at the end of the course?

Then there are the age-old problems of duplication of lectures, the attendance of lecturers, and the quality of their lectures—we will maintain a hopeful silence.

B.M.S.A.

We publish a letter in this edition from the B.M.S.A. President exhorting Medical Students to voice their opinions on the medico-political scene. As an organisation, B.M.S.A. represents the views of medical students at a local, regional and national level. In order to be a significant force, these views must be forthcoming. It would appear that they are not. We propose to publish occasional reports of B.M.S.A. activities to inform medical students of what goes on at

B.M.S.A. We live in hopes of encouraging greater student participation in an organisation designed to help them, and yet one which remains for some merely the supplier of a nice red tie and yet another bumper badge for the car.

B.M.S.A. Survey

The B.M.S.A. have recently published a questionnaire devised to elicit the views of medical students on the Todd Report, The Royal Commission on Medical Education 1965-68, published last April.

The crux of the report is the substitution of the present five-year "comprehensive" course of medical education by a two-tier system of undergraduate and postgraduate training. This would be an undergraduate course incorporating three years pre-clinical study leading to a degree, two years in undergraduate training leading to qualification and one year's Internship, followed by an obligatory postgraduate course of three years adapted to the intended speciality, including general practice.

This means that a course of nine years' duration is specified before independent clinical responsibility can be assumed. (Quite what is meant by independent clinical responsibility we are not sure.) However, as the report points out, the Todd Commission recommends the proposed system as being more adaptable to likely changes in medicine in the next few decades. This survey would appear to be an intelligent and far-sighted attempt to involve medical students in, not only the immediate problems of Medical Education, but also the future adaptation of medicine to modern society. We look forward to hearing the results of the survey.

Congratulations

We offer congratulations to Mr. Michael K. Dunstan, F.R.C.S., M.R.C.O.G., on his appointment as Consultant Obstetrician and Gynaecologist to the West Middlesex Hospital.

GUY'S DIARY

JANUARY

7	Tu.	1.00	Clinical Lecture. Mr. CLARKSON. "Plastic Surgery in Canada."
9	Th.	1.00	Clinical Lecture. Dr. W. G. BURROWS, Head of Postgraduate Training in Psychological Medicine, University of California. "Psychiatric Education in the United States."
10.	F.	1.00	Clinical Lecture. Mr. LEWIS. "Some applications of Basic Science in Obstetrics and Gynaecology."
14.	Tu.	1.00	Clinical Lecture. Mr. BEARD. "Appendicitis."
16.	Th.	1.00	Clinical Lecture. Mr. MURRAY-FALCONER. "The Pathological Substrate of Temporal Lobe Epilepsy."

Exhibitions in Gordon Museum—January 1—19.

Transient Ischaemic Attacks.
Odonto-kerato Prosthesis.
Pathology Quiz No. 3.

—January 20—February 1.

Art Society Exhibition.

THE
ELUSIVE AINU

by

Andrei Carlin

Insidiously their numbers were dwindling. One of the greatest enigmas facing the world of anthropology was not simply remaining unsolved, it was being annihilated. One hundred years ago, 500,000 proud Ainu roamed through Japan's great Northern Island, Hokkaido. Ten years ago a few hundred timid descendants remained, huddled together in a few Ainu settlements; their only success, complete defiance at all attempts by world powers to solve the mystery of their derivation.

Oblivious of academic research, the Ainu hunted, fished and worshipped their ancestors. Meanwhile, it had been decided that they were the Aborigines of Australia, migrated northwards. Then opinion changed and it was "self-evident" that they were from Polynesia. Suddenly factors evolved "proving" that the Ainu had come from Central America, across the Northern Continent and the Bering Straits via the Kuriles to Hokkaido. Unperturbed, the Ainu continued to exist, ate seaweed, rice and raw fish, drank fermented mare's milk, sang and made love. "From the Caucasus, they came," exclaimed the eminent anthropologists and enthusiastically traced their steps from east of the Caucasus, across all Russia, Kurgan, Nouosibirsk, Irkutsk and the states of Ochitinsk and Amur, over Lake Balkal and the Pacific Ocean, and so once more to Japan ! Secluded from world opinion, the disinterested Japanese had a more belligerent task at hand : the socially inferior Ainu were to be discriminated against and even destroyed for territorial gain, not nutured for academic interest. At the beginning of this century, as the Japanese warriors moved in, so did the early European adventurers and anthropologists, but the latter, apart from producing colourful tales, were less successful than their militant Mongolian co-travellers— the Ainu population was decimated. It came to pass that the Japanese Government presided over the Ainu kingdom and Ainu customs, religion and language were to be officially replaced by Japanese equivalents. However, pockets of Ainu resistance remained and it was to these that the future workers turned. In the same day that the White American realized the tourist potential of the Red Indian, the Japanese became aware of the need for intellectual acceptance and so allowed visits from her own anthropologists and (both reluctantly and jealously) those of the more sociologically mature western civilization.

Anxious to gain rather more than experience of just anatomy and physiology from my Cambridge University séjour, I would often find myself sipping coffee with pretty girls from the faculty of Archaeology and Anthropology. During one such memorable drink it was jokingly suggested that we should go, solve the mystery and succeed where others had failed. The year was 1964. A review of the bewildered literature of the previous 80 years convinced us, and a short while later we were standing on a windy station platform in Khabarouse, facing the Amur river with the northern most point of outer Manchuria below us; the southern most point of Eastern Siberia above us, all Russia to the west of us, North Korea just behind us and three months' anthropological research to the east of us.

During the previous 80 years there had been no enlightenment. Interest had begun in 1880 when a lonely traveller called M. Bishop returned home to England. In his "Unbeaten Tracks in Japan" he spoke of a hairy race called the Ainu (pronounced "I-nu"). Later, in 1927, the Rev. J. Batchelor rekindled enthusiasm by publishing "Ainu Life and Love", after living with these people. But, remember, Japan was only just releasing itself from several generations of seclusion and no country in the world was so little considered. Incidentally, it is to Batchelor that the Cambridge expedition owed much for its success. We learnt from the Ainu how much they had respected and loved this Englishman; 40 years after he had left they still spoke warmly of the one foreigner that had settled and lived with them. As late as 1950, a Cambridge University Anthropological publication contained the following ill-informed and barbaric report:—

"The so-called aborigines of Japan, probably migrated eastwards from south of the Amur river, although their summer costume strongly suggests cultural affinities with Oceana. Today they occupy the island chain from the Kuriles to the Ryukyu Islands. They are noted for a profusion of black wavy hair on face and body. They have light brown skins, medium stature and orthognathous broad faces. They are mesocephalic and lack the epicanthic fold. Their language is distinct from Japanese. Their religion is a form of Animism combined with Ancestor Worship. They live mainly by hunting and fishing and are occasionally polygamous. Socially they are a dirty and drunken people, but they are intelligent, hospitable and polite."

After 1930, research groups were more scientifically orientated but any such expedition was obliged to befriend both the Japanese government (for permission) and the Ainu (for co-operation) before attempting field-work. The former are naturally resentful of any foreign workers and the latter are easily offended by the lack of sensitivity of the typical American or European investigator. The several scientific expeditions that had been mounted failed to satisfy the Tokyo authorities, let alone unravel the mysteries of the Ainu. In 1960 a French group did manage to collect 40 blood samples but the follow-up in 1962, instigated by the Japanese, failed miserably—the Ainu refusing to co-operate with their hated foe. And so, back in Cambridge we mounted our attack, not against the Ainu but against world-opinion, cynical of our efforts, doubtful of our skills and

unwilling to back our venture. Learned societies showed polite interest, little enthusiasm and no money. They refused to finance unless we could show proof that at least one great foundation would back us. Happily, we found one missing link in the vicious circle—the Atlantic Ocean. A trans-Atlantic telephone call, a 3,000-dollar cheque from the Wenner-Gren Anthropological Institute of New York, a photostat copy of the cheque sent to our London Societies and, by return of post, London capitulated:—

The Royal Society, £1,000; The British Medical Research Council, £660; Clare College, £200, etc. etc., and we took a tube to Liverpool Street Station, flew across the world of Khabarousk, took the trans-Siberian railway to Nakodka (south of Vladivostok, now closed to all non-military personnel since it is the nuclear war-head base for the Soviet combined armed forces) and crossed the Pacific to Yokohama.

Remembering that this is intended to be a serious anthropological discourse, I will mention nothing of my feelings of mixed enchantment and disgust in Japan, of the charm and beauty of the women, of the calculating selfishness of the men, of the romantic nights spent in Buddhist temples, of the uncomfortable hours spent in illogical argument with Japanese officials, of the thousand tiny volcanic islands coloured by algae and metallic deposits, nor will I mention the preliminary work carried out in Tokyo arranging transportation, trucks, interpreters, documents, passes, legal entanglements and audience with His Royal Highness, Emperor of Japan. Instead, I will drag you away from main-island, Honshu, on to North Island, Hokkaido. We will not stop in the Northern capital but head directly for the mountainous Hidaka district, leaving behind us all forms of modern civilization and Japanese Mongolian faces. We are now surrounded by a ragged coast, forests and mountains, and the search begins for the remaining 4,000 Ainu of whom probably no more than 200 may be classified as pure (i.e., unadulterated with Japanese blood).

Summoned by the Ainu King, excited and terrified in case of failure, we made our way to Chief Susaki. Only those pilgrims who have made their way to Mecca or the Buddhist equivalent, the Golden Buddha of Kanakura, could imagine our feelings of inadequacy and submissiveness. It was intended that we should try and persuade the Ainu Chief that we needed scientific proof (by blood groups, etc.) that the Ainu are proto-caucasian, thus discrediting the Japanese inference of Ainu social inferiority However, our host was no doubt too shrewd to be affected by our logic and left to discuss our request with the elders of the tribe. Apparently they were impressed by our simplicity, modesty and total lack of vulgarity (no doubt comparing us with previous camera-laden, gum-chewing Americans and Japanese) permission was granted !

On five separate occasions in five different areas we carried out a set routine : having set up camp near a Shinto shrine, the local chief would call, together with the Ainu from nearby valleys. Our

investigations were carried out on those remaining Ainu we considered most pure, i.e. with the following typical features :—

(1) A general squareness of body proportions; (2) covered with dense and extensive facial and body hair. The face, itself, having (3) a square jaw; (4) deep-set eyes with no epicanthic (i.e. Mongolian) fold; (5) a broad nose and large flared nostrils; (6) widely spaced eyes; (7) large ear lobes; (8) prominent zygoma. In theory, at least, at birth there was (9) no Mongolian spot.

The battery of tests included the following:—

1. Finger prints.
2. Hair samples (for protein helical structure).
3. Skin pigmentation (calculated with an electronic spectrophotometer).
4. Photographs of face, chest and tattoos (for hair distribution and cultural significance).
5. Saliva (for secretors; negative and positive).
6. Blood samples for grouping.

The data collected was sent to Liverpool and Cambridge, the blood to Seattle, U.S.A. In exchange, the Ainu received 1,000 yen (equivalent to a week's earning power).

Of course, throughout our entire stay on Ainu territory, we were engaged in a socio-anthropological survey (with regard to feeding habits, sexual customs, etc.) the results of which may be found in a separate publication.

As the sun set on such an occasion, the last Ainu returned home and we to our Buddhist temple accommodation. Long before sunrise the first priest began his vigil and, as he prayed, one expedition member woke and, clutching a thermos containing 50 samples of Ainu blood at 4° Centigrade, drove over rough terraine beginning the 48-hour blood-rush. Within this time (since collection) the package had to reach the World Blood Bank in Seattle. Within six hours, member plus blood jumped onto a waiting plane at Chitose Military Airport. Ninety minutes later Tokyo was reached, and the blood passed into the hands of a waiting Japanese Customs official (accompanied by authoritative documents, promulgated by the Minister of the Interior so as to prevent a necessary delay of two weeks). Well up with schedule, our package reached a T.W.A. Manager and finally an air-hostess of a Seattle-bound flight. As the tired member retraced his steps back in history and mythology to the sunken priest deep in nocturnal devotion, the blood found itself speeding across the Pacific in a Boeing first-class refrigerator. Within hours a waiting car snatched the blood from Seattle airport and deposited it in the Blood Bank's vaults. News of success reached us by radiograph. In retrospect, how pitiful was the incomparable journey of saliva to our beloved mother-country. Apparently our equally well-organised instructions for the eastern route were admirably followed and the Japanese bureaucrats out-manoeuvred. Unhappily, however, a young clerk at Mount Pleasant (London) mislaid the parcel and, weeks later, a sodden package of saliva was disdainfully thrown into a trash-bin and with it the exciting clues to a dying civilisation.

As a result of this data every few months another scientific journal emerges and further clarifies (or complicates) the evolving picture. Ashamedly, although I fully appreciate the congratulations we receive, I fail to understand the significance of the results. The least bewildering paper appeared in the "American Journal of Human Genetics,' September 1966. From it I quote :—

"Studies of the Gm and Inv factors in various populations around the world have demonstrated that these factors are remarkably sensitive indications of differences among populations. . . . It seems likely that our knowledge of the evolutionary relation of races and of populations within races will be greatly enhanced as our knowledge of these factors and of their distribution is increased. Accordingly, when an opportunity to test serum samples from the racially enigmatic Ainu from Hokkaido was presented, we accepted with alacrity. . . . Each sample was tested by previously published methods (Steinberg, 1962) for GM (1), GM (2) GM (3), GM (5), GM (6), GM (13), GM 14) and Inv (1). . . ; 187 Serum samples were collected from people in the Hidaka area by the Cambridge expedition to Northern Japan and were made available through the courtesy of Dr. Athur Mourant. . . . An estimate of the amount of Japanese ancestry in this population indicates that it is less than 10 per cent."

Arthur G. Steinberg: Western Reserve University, Cleveland, Ohio.

Recently the attractive Ainu culture has been infiltrated and partly replaced by the more materialistic and certainly uglier Japanese modernism. Superficially they have changed; Japanese dress replaces their beautiful dyed sack-cloth; Japanese is now spoken and written instead of the Ainu language (consisting of curious gutteral sounds, no written form of which exists) and much of their social life has adapted itself to that of modern Japan. However, certain aspects of behaviour and religion remain. Many Ainu are faced with a painful dilemma—whether to follow their own ancestor worship or one of the two Japanese religions—Shintoism or Buddhism. Some resolve this situation by praying to shrines of all three Gods ! (Imagine a Catholic spending ten minutes a day praying to Mohammed—just in case !) Even their own indigenous religion seems bifid, partly terrifying and macabre, partly joyful and enchanting. The former aspect has never been witnessed by a European, and Japanese authorities attempt to ban it. Mysteriously the Ainu disappear into the mountains and hunt female bears. (It should be realised that the Ainu soul leaves the secular body at "death" and enters that of a bear or salmon (both, of course deified) for a period presumably equivalent to our Christian purgatory. Once so entrapped, the soul can only be released by death (or rather, masochistic slaughter) of the beast. A description of these sordid events, including Ainu women breast-feeding the bear offspring and enduring lacerations of their genitalia would hardly be accepted by a conscientious editor, and so I will immediately speak of the happy "Bon" festival. In complete contrast it is gay and colourful. The onlooker can gain insight into the enchanting philosophy of the Ainu as the four days of ancestor-worship unwind themselves. Every child and adult from sunset to

sunrise wanders through the villages, along beaches and up into the valleys, clasping candle-lit lanterns to attract the Ainu spirits. By daybreak, the entire Ainu ancestry has reached the village of its nativity and rejoicing begins with feasting, dancing and praying. These joyful hours last until sunset on the fourth day. We then watched the spirits, drawn to the seashore and then out to sea, following the lanterns towed by fishing boats. Then the boats return, leaving the lanterns and spirits out at sea. Slowly the lantern becomes wet, then sinks and as the candle drowns, so the spirits are released and return to their resting place. Occasionally, bad spirits lurk behind and cause tempestuous seas and failed harvests. To prevent this, a gigantic firework display and drum-beating begin and the last Ainu spirit is forced away. And we left, too, back to England and the laboratory work.

One scientific journal spoke of a new blood group, until now only found in a Uganda tribe. Immediately, some workers postulated a link, never described before, between Caucasian Europe and Black Africa. For my part, I strongly feel that the Ainu are *protomongolian.* Only a handful of anthropologists in the world agree with me, but I am not convinced the others could ever prove me wrong.

Within the next ten years the interment of the *Last Ainu* will take place. There will be no national mourning, no State funeral, not even an obituary. Fewer than a dozen men will notice his departure. Ironically, this is the manner in which a proud, and once great, human race expires!

There are many people I would like to acknowledge, but above all our most sincere thanks go to Chief Susaki and the Ainu people. We are very grateful to Drs. A. E. Mourant and J. S. Weiner of the Lister Institute and British Medical Research Council. Without Dr. Mourant's help the Royal Society would not have financed us and Dr. Gibblet in Seattle would not have been so willing to help us. We are most grateful to Professor Witts of Oxford and Dr. Leach, Provost of King's College, Cambridge. For my part, I want to thank Dr. G. H. Wright, Medical Tutor, Clare College, Cambridge for his continual help and enthusiasm. The Wenner-Gren gave the expedition the impetus it needed. We thank them and many others.

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(4) J. Batchelor. 1927. " Ainu Life and Love ".

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REVIEWS :

THE MESSIAH,

SOUTHWARK CATHEDRAL

December 5th, 1968

To start the Christmas festivities at Guy's, the Music Club gave a performance of Handel's "Messiah" in Southwark Cathedral on Thursday, 5th December. In his score Handel left few indications to the conductor as to how the music is to be played from the point of view of tempi, etc. Indeed, Handel himself often re-wrote and re-arranged parts depending upon the availability and competence of his musicians, soloists and choir. It therefore, falls heavily on the conductor to interpret the music as he thinks it should be played. Stephen Coles rose grandly to the occasion and gave us a chamber orchestra version with the contralto soloist replaced by both a counter-tenor and a high male alto. This enabled him to present some of the less well known versions of certain airs and duets that Handel wrote. Less happy was his re-arrangement of the Pastoral Symphony for two flutes and orchestra. The Pastoral is a gently flowing melody conjuring up visions of shepherds, fields and streams (indeed it directly precedes the recitative "There were shepherds . . ."). This version completely failed to convey this impression. He also stated in his programme notes that as the whole oratorio is so long he had cut many of the choruses to shorten it. One wonders, therefore, why he inserted the usually omitted "da capo's", the effect of which was to restore the work to almost its original length.

The Music Club has for a long time been very fortunate in that it has been able to call on the services of some very talented amateur soloists from outside the Hospital and in this performance they were fully used. Especial mention must be made of Alan Kendall, the high alto, whose top notes were pure silver. I trust that I shall have the pleasure of hearing all of them on many future occasions. Mention must also be made of Robert Gritton, harpsichord, and Margaret Anderson violoncello, to whom fell the arduous task of holding the whole work together. The trumpet solo in "The Trumpet shall sound" was played by Elizabeth Alderman and, apart from an unfortunate tendency to increase the tempo at times when the bass soloist, Roger Cleverdon, was not singing (which tendency Cleverdon wisely refused to follow) she played with just the right qualities for a chamber version. The chamber organ was played by Bob Anderson, a Guy's student. It was a pity that the organ had not been properly tuned as this detracted from an otherwise very competent performance.

The choir had been well trained and obviously enjoyed singing. It was a treat to hear contraltos who were not afraid to sing out. How often is their second note in "And the Glory of the Lord" sung so quietly that it is completely lost? Not so in this performance. It was a pity that not enough attention had been paid to the meaning of the words in relation to the music that accompanies them and at times this led to rather mechanical singing. This was not infrequently heard in the choruses but a particularly glaring example occurred in the air, "The people that walked in darkness". Here the contrast lies between the sombre music and the fact that although "they walked in darkness" they "have seen a great light". At bar 13 and again at bar 17 the word "light" is almost thrown away and one is left with the feeling that it is nothing special. However, at bars 28-31 it is repeated

three times with greater and greater emphasis, and one suddenly realises Handel's genius in the way he has built up the effect. If every time the word "light" is sung it is given the same emphasis, as it was in this performance, the contrast is completely destroyed and the whole air made almost pointless.

The orchestra on the whole were good but it must be remembered that in a chamber version there is not the volume of sound that can sometimes compensate for slight deficiencies of attack particularly at the beginning of an air or chorus. The conductor must give a solid down beat that the players can all follow and not content himself in merely indicating the "landmarks" in the bars as they pass.

In toto this performance was well up to the usual high standard of the Music Club and a packed audience had a most enjoyable evening. It is to be hoped that the Club can find it within themselves to give us more pleasure before another year has passed. In the mad rush for exam. successes the cultural life of the Hospital must not be neglected and Easter would be by no means too early.

Colin Hunter-Craig.

MUSIC CLUB

The Aftermath

As usual after Music Club concerts, some copies of the choral work have not been returned to the Club Secretary. The situation this Christmas is encouraging in that the loss is smaller than it has been recently, but we cannot afford to be complacent. Not only are our finances limited, but the repeated loss of music borrowed from outside gives the Hospital a poor reputation. It is a pity that the club should suffer because of a few absent-minded individuals.

I would therefore ask that all copies of "The Messiah" should be returned to the East Wing at once.

Alison Hill,
Hon. Secretary.

Tony Perl as Archie Rice.

THE ENTERTAINER

by

John Osborne

Physiology Theatre

9th - 13th December 1968

"It's contact is immediate, vital, and direct."

Immediate, yes. Significant, too, that the opening night of this typically terse Osborne play should coincide with an untypically terse "Times" leader. Significant that words written twelve years ago should voice the very fears which face us today, black skins at home, deaths across the seas, contempt for the past, bitterness of the present, the void of the future, fears we would all gladly cushion in a cloud of gin.

Therefore it was vital. Vital because Osborne was fortunate in finding the vitality of Tony Perl for his centrepiece. Vital because John Hawkins and Wendy Inward successfully irritated us with a vivid contrast of past glories and present decline. Age is never an easy portrait for the young actor; once again Osborne was fortunate. Vital because the artificial boundary of stage and auditorium was at last dispensed with and merged in the simple but effective bridge of music hall brass for which much praise must go to John Sargent. Vital because the audience responded and made this contact a mutual contact.

Yet despite the ingredients, the basic hate for the system often appeared to have been distributed unevenly among the Rice household. Sue Davis stirred us but never really convinced us. Fritz Baker entertained us but never stirred us. The producer had been careful to allow neither superfluous scenery nor scene-changing to hamper the crisp distinction between Archie as the world saw him and Archie as we were privileged to see him. But noting the distinction, we looked for the contrast. Never lost, but always subdued by anxious moments spent in the dark between scenes waiting for actors to assemble and strike the correct pose, always subdued by the wooden beauty of the showgirls—but always redeemed by the natural spontaneity of Archie.

Osborne confronted us with blunt sentiment. He offered no answer and we have no answer but to applaud the Theatre Club once again for a bold, imaginative and, this time, provocative evening.

Robert Lomax.

Wendy Inward as Phoebe Rice.

John Hawkins as Billy Rice.

Another point of view

For an inexperienced amateur company to attempt a production of "The Entertainer" is a large undertaking, but it would be wrong to make excuses because of this. Having chosen, the producer must have understood that it is technically and emotionally one of the most comprehensive modern plays written.

It was not intended to be judged in the fashion of "A jolly good bash". It must be one hundred per cent credible; it failed for that reason.

Too often amateur shows rely on "in" laughs, friends in the audience and amicable houses. The audience tonight failed to accept the play owing to superficial performances from the cast.

Archie Rice, played by Tony Perl, was too good. His music hall sketches were slick and too often received laughs of the wrong nature. Where was the stumbling uncertainty at his own realisation of his lack of reality? The last, and all-important, speech, "The one and only", contained too much twinkling humour, not enough pathos and was nearly ruined by three chorus girls who gave the impression of being embarrassed and undecided on their relationship to Archie.

In Scene 8 there were many moving moments, especially from Phoebe (Wendy Inward), Billy (John Hawkins) complete with 1968 watch strap, and above all Archie himself; indeed, Archie's most effective scenes were with his family.

Jean Rice (Sue Davies) seemed unhappy in her part and was responsible for slowing down too much of the action by repeatedly slow cues. One searched, in vain, for her "Trafalgar Square spirit" and love for her fiancé and family. Although meant to be drunk, she played Scenes 1 and 3 so frigidly that one was not surprised when Graham (Andrew Ross) turned out to be blue blooded to his old school tie.

Frank (Fritz Baker) is an extremely difficult part. He must show his pathetic adoration of Archie, in the form of a stooge, and yet be single-

minded enough to have served six months for objecting to Military Service. He hardly helped himself by dressing in a fashion which suggested he was in Suburbia for a "quick half" at the local on Sunday . . . 1968. However, his Scene 8 "Singing for you" was very well handled, despite a noisy audience returning from the interval.

Wendy Inward's Phoebe was well sustained. Yet one missed the visciousness of the conflict between herself and Archie, because too many lines were played for laughs instead of pathos. More resigned bitterness than nervous "twittering" was needed.

Scene 12 was spoilt by amateurism at its worst. Bad characatures, uncertain direction (were the two couples meant to be aware of each other or not?), and audience laughter at friends acting rather than characters.

The music was excellent, especially John Sargent's piano playing.

In conclusion, one is obliged to say that, for once, hard work and enthusiasm could not carry the day. Never could I believe that this Entertainer knew "It's always going to be like this". The static production did not help the actors, neither did the atmosphere created by a remarkably plush set. Too often hesitation over lines and slow cues spoilt scenes.

Medicine, sex and drink are always good for laughs in a hospital show. Not, however, in a play about music-hall and the tragedy of the Rice family.

This production of "The Entertainer" failed because it is a play written for seven experienced actors and therefore a bad choice for an inexperienced company.

J.F.

B.M.S.A. and CZECHOSLOVAK MEDICAL STUDENTS

Since the Russian invasion of Czechoslovakia, Britain has become host to a large number of Czechoslovakian refugees. It is, we believe, the duty of all organisations to help their own sector of this victimised population. Therefore, B.M.S.A. is offering all the assistance it can to the Czechoslovak medical students in this country.

Immediately after the invasion we contacted the Foreign Office, advising them of our students in Czechoslovakia, Poland and Yugoslavia. We contacted the four known Czechoslovak students here on I.F.M.S.A. clerkships, made arrangements to extend their clerkships and gave two financial assistance.

On 4th September, we wrote to all Deans of medical schools asking them to accept Czechoslovak students and launched the Czechoslovakian Appeal Fund, B.M.S.A., which was sent to Daily Newspapers and Medical Journals. The B.M.S.A. representatives were informed of the Fund and asked to collect contributions.

On 5th September, we contacted W.U.S., who agreed to represent B.M.S.A.'s interest at governmental talks.

Contacts with the London Medical Group and N.U.S. brought the total of Czechoslovak medical students in this country up to over 50. N.U.S. have made arrangements with U.C.C.A. for special clearance of applications to university.

We spent many man hours answering queries, interviewing Czechoslovak students, advising them and giving such help as was needed. All Czechoslovak medical students were advised of the Appeal Fund and to date this letter has been sent to 60 students.

Between the 17th and 24th September, we advised all Deans of the current position, appeal funds, and offered help in preliminary selections.

Current position

Information has been gleaned from many sources and the present estimate of the situation is that there are up to 36 Czechoslovak medical students still waiting to obtain a place in a British Medical School, a handful of whom will have to wait for the 1969 admissions, mostly because of their poor English. To date 19 are known to have obtained places.

A few students have subsequently decided to return home to finish their studies and at this point in time it is reasonable to assume that those still here will remain.

These students were at varying stages in their studies from those who expected to qualify in the summer of 1969 to those who had just obtained a place at a Czechoslovakian medical school and were due to start their studies this October.

Where Czechoslovak students have obtained places, in each case the school fees have been waived with only the occasional Registration Fee or Examination Fees to be paid. The big problem is that of the students' maintenance and this is expected to be provided from the National Appeal launched by the W.U.S. on 2nd October, which the government is supporting. Meantime, many of these students are getting money from Social Security.

It is not known how many of these students were actually in this country at the time of the Russian invasion, we only definitely know of the four here on I.F.M.S.A. clerkships, but quite a number were here either on holiday or at work camps, etc. It is known that a considerable number have come here since and have arrived as recently as 14th October. During this period we have also dealt with enquiries from students on the Continent or still in Czechoslovakia who want to come here to finish their studies.

London Medical Group and B.M.S.A. have established a joint committee which, among other things, is publishing a Newsheet giving useful information and advice which is sent to all Czechoslovak medical students.

A short report upon the Czechoslovakian Medical Curriculum has been prepared by B.M.S.A. and is available to any interested.

We are using the money obtained from the appeal, to date about £300, dispersing it to Czechoslovak medical students in need. Despite the fact that they are eligible for Social Security and that Medical Schools are waiving fees, many of these students are in real financial distress. However, we are delighted to be able to say that many medical schools are either giving fiscal support to these students or offering them free board and lodging in halls of residence. This kindness is much appreciated by both the students and us. The co-operation which the Medical Schools have shown to us in this whole affair has been excellent and very encouraging. We are sure it will continue.

Geoffrey J. Lloyd, President.

GUY'S MISSIONARY FUND

By Christmas, £377 8s. 0d. had been donated to the Guy's Missionary Fund. An acknowledgment has been sent to everyone it has been possible to reach; to those who sent anonymous donations, or whose addresses we do not know, may we express our most grateful thanks. The fund will remain "open" now that it has been established, and any further contributions should be sent to Robin Carmichael, East Wing, Guy's Hospital. Details of how the money is being used will be published in further editions of the "Gazette". The organisers would like to thank most sincerely all those who have so kindly given their money.

R. D. G. Carmichael.

An account of a dinner given in honour of Lord Brock

December 6th, 1968

On three occasions in the past it has been the pleasure and privilege of Lord Brock's past house-surgeons and registrars to entertain him (and each other) to dinner at the Cheshire Cheese. The first occasion celebrated his knighthood, the second his election to the P.R.C.S., and the third his peerage. Although adulatory in their intention, these meetings have all been characterised more by camaraderie and chat between individuals rather than by formal accolade; there have been one hundred registrars and housemen who have worked for him and the occasion has always been a reunion as well as a celebration, participants being drawn from more than three decades of doctors at Guy's.

The fourth and final dinner for Lord Brock took place in the usual place on 6th December, two months after his retirement. After dinner the door of the dining room was closed and in pleasant intimacy we toasted his health and long retirement. He rose and spoke, a shorter, rather more relaxed speech than usual : in 1963 we were treated to an historical survey of surgery during his lifetime, a touching tribute to some early house surgeons, a description of his intentions for the College (this was at the beginning of his presidency) and some highly entertaining speculation on the future. In 1965 (the year of elevation) he was more general, talked more of surgery in relation to the rest of the profession, and seemed glad to be getting back to full-time practice after three years with the College.

This time he was contemplating his retirement. Some of it will be spent directing the new Department of Surgical Sciences at the College of Surgeons and one assumes that historical research will claim a lot of his time. There must be something to unearth, an addition to the famous list: Astley Cooper, the anatomy of the bronchi, the right ventricular outflow tract, the nineteenth century operating theatre—King John's treasure perhaps?

We all wished Lord Brock every happiness in his retirement and we are grateful to Professor R. Y. Calne for organising a memorable evening.

R.A.S.

GUY'S HOSPITAL SOCIETY. BOURNEMOUTH AND WESSEX

The Annual Dinner of the Society was held at the Norfolk Hotel, Bournemouth, on Friday, November 29th.

Any local graduates of the Hospital wishing to join the Society are asked to contact the Hon. Secretary at the address below :—

P. J. Attenborough, 65, Wellington Road, Bournemouth.

OBITUARY

James Reginald Rickett

On November 15th, after a long period of ill-health, James Rickett died suddenly and peacefully. From those of us who were his fellow-students and house-officers at Guy's in the 1920s something irreplaceable has gone. Jimmy was at the centre of most of our activities and the life and soul of any party. He entered Guy's as a student in 1922 and qualified in 1927. He went through the whole series of house-appointments at his own hospital, notably A.H.S. to Heneage Ogilvie and H.S. to the late "Joey" Hughes. From these two he learned the surgical skill which, added to his natural adaptability of temperament, manual dexterity and incisive judgment, was to stand him in such good stead. For when he joined a partnership on the Hampshire-Sussex border he soon established a great reputation as a local surgeon and obstetrician. He was a true general practitioner, being as kind and sympathetic in dealing with his patients in their homes as he was skilful with a scalpel or in delivering a difficult breech. His results were superb. When the Second World War came he joined the Army as soon as he could be released from his practice and was posted as a graded surgeon to a hospital in North Africa. Many are the stories he would tell of his time there—sometimes almost incredible but invariably entertaining. From North Africa he was posted to command a surgical unit on the Yugoslav island of Vis, a unit which cared medically and surgically for the Yugoslav Partisan casualties, the Commandos, the local inhabitants and anyone else who dropped in. So remarkable were his experiences there that they were made the subject of an exciting and entertaining book, "The Island of Terrible Friends", by Bill Strutton. Unfortunately he contracted pulmonary tuberculosis and was invalided from the Army. He managed to struggle back to work in his old practice but his health was never the same, in spite of immense courage and determination. A further blow befell him soon after the inception of the N.H.S. when his surgical activities were taken from him. However, he remained in practice till 1960, when ill-health finally forced him to retire. Even after that he continued to serve on a number of committees with distinction. It is doubtful if James Rickett had any enemies, though he could be ruthlessly outspoken and was afraid of none. Those of us who have known him so well and so long will miss his kindness, his generosity, his gaiety and his wit, which still came through the sad ill-health of recent years. For Jimmy himself his death may have come as a blessed release. To his devoted wife Dorothy, and his three splendid children (one a surgeon), our deepest sympathy goes out in their loss of a very dear husband and father.

O.P.

NOTICES

GUY'S HOSPITAL DENTAL SCHOOL

NEWLAND-PEDLEY TRAVELLING SCHOLARSHIP

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at an institution abroad approved by the Dental Council. The value of the Scholarship will be up to £1,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposes to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

This Scholarship will be offered for award in 1969. In order that applications may be considered by the Dental Council in sufficient time to enable the successful candidate to make arrangements for travel, etc., it is necessary for all applications to be received by the Dean of Dental Studies by **1st February, 1969.**

The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

JUNIOR HOSPITAL STAFF COMMITTEE

There will be a meeting of the Junior Hospital Staff Committee on Tuesday, 14th January. Any member of the Junior Staff who wishes to raise any matter for discussion should contact the Secretary immediately.

S. McHardy Young,

Secretary, Junior Hospital Staff Committee.

PUPILS' PHYSICAL SOCIETY

A meeting took place on Tuesday, 3rd December, when Dr. Donald Hunter addressed the Society on "Exploring the dangerous trades".

Dr. Hunter began by stressing the importance of finding the exact nature of a man's job, including the necessity for having any technical terms explained. He pointed out that many words have special meanings when used in a technical sense, and also that old names still used for many materials are no guide to their chemical composition.

Dr. Hunter talked about inorganic lead, as used in the manufacture of accumulators, and the dangers of inhaling dust or fumes. Various measures can be taken to combat this danger, and are illustrated by the aphorisms of Sir Thomas Legge. The principles behind these can be applied to many other industrial processes.

Dr. Hunter then told us about cadmium. This is applied as a thin film to iron to prevent rust. When a cadmium-coated article is welded, highly toxic fumes are produced. In this way cadmium poisoning caused some deaths during the construction of the Severn road bridge. Dr. Hunter mentioned the difficulties involved in making all persons at risk from an industrial disease (such as cadmium poisoning) aware of the danger.

The meeting was illustrated by slides and many specimens. We are most grateful to Dr. Hunter for such an interesting talk.

Stewart Kilpatrick.

Guy's Hospital Students' Club

A summary of what took place at a recent meeting of the Council of the Club

A meeting of the Students' Club Council was held in the Committee Room in the Students' Club, the East Wing, on Friday, 15th November, 1968, at 12.15 p.m.

Among the items discussed at the meeting were the following:—

Public Political Demonstrations.

The Council discussed whether any action should be taken with regard to an official Students' Club ruling on future demonstrations of the kind held in London on 27th October. Since any ruling on specific demonstrations must be a reflection of majority opinion in the Students' Club, it was felt that, should a similar situation arise in the future, a consensus of student opinion should be sought first.

The student President, Mr. I. J. Mackenzie, felt that this would be best done by calling a meeting of students, should the necessity arise.

Accordingly the Council passed a motion, "This Council will remain neutral in all matters of politics not directly concerned with the Students' Club, unless directed otherwise by the majority of the Student body."

Congestion in the Spit.

Many ideas were discussed for reducing the long queues which tend to accumulate in the Spit, especially at lunch-times. Ideas included serving coffee in the North Common Room, serving food in the bar, putting all the items sold between the soup counter and the till on dumb waiters, and reintroducing a coffee vending machine. After a long discussion these ideas were handed over to the Students' Club representatives of the College Catering Company, to be taken up with them at the first possible opportunity.

Use of the Students' Club by non-members.

The social sub-committee are to discuss the possibility of the East Wing being used for social functions by groups such as Nurses, Medical School Staff, and United Hospitals societies. This would only be done provided Students' Club members are not inconvenienced in any way.

Colour Television.

It is proposed that a colour television be installed in the East Wing in the very near future.

NURSING SECTION

Revolting Nurses

The recent demonstrations by nurses at the House of Commons has provoked considerable discussion amongst the profession. Whether, in fact, we have any cause to protest or not, and if so, what sort of protest should be made. There is the "active group" who are all for a "suffragette" type of onslaught. Others who are for passive forms of protest, and the third group of people who are for passive acceptance. Whatever group you belong to, the fact remains that there is a certain amount of dissension abroad, and it would seem appropriate that some form of unification be aimed at. This can only be done by meeting together in discussion and the resulting action being representative of the total body of nurses.

Fame or Fortune

Once qualified as a State Registered Nurse, there is a choice open to one—whether to continue working in the National Health Service or to choose the more profitable (financially) field of private nursing. Most people who qualify remain in the National Health Service probably because of the interest value it provides, security of the hospital environment, and because of a certain sense of "responsibility" to the community. However, it would appear that the trend towards private nursing is on the increase. For a variety of reasons, these people find it necessary to earn more money than can be earned by working in the N.H.S. Some do "intermittent" private nursing, finding hospital work more interesting, but at the same time requiring the £ s. d. It is very regrettable that in order to make ends meet, a person may find it necessary to leave the type of work he or she is happiest in, in order to earn more money.

Happy Christmas

Much time and effort is put into the making of the festive season at Guy's an enjoyable one. Not only the decoration of the wards by the nurses for the patients and themslves, but also the efforts of many other people. The kitchens, as usual, did a grand job in providing Christmas dinner for all; the Board of Governors, who provided parties for the trained staff; the Ladies' Association and the Guild of ex-patients of Guy's Hospital, who do much towards the patients' welfare at Christmas; the splendid effort of those students who provided such an enjoyable Christmas Show; and the Medical Staff for their good cheer and general helpfulness in the decorating of the wards—and their attention to the birds (turkeys—carving of!).

CORRESPONDENCE

The Retirement of "Doc" King

SIR,—I should be grateful if you would allow me the courtesy of your columns to announce the impending retirement of Mr. P. G. King after 50 years of service to the School.

Generations of Guy's Dental Graduates will be indebted to "Doc" King for guiding their first footsteps in Dental Technology, and I am sure that many would like an opportunity of expressing this in a tangible form. Those wishing to contribute towards a gift to be presented to Mr. King on his retirement in April should send their contributions to me. Cheques should be made payable to Guy's Hospital Medical School.

Yours, etc.,

D. J. NEILL.

Department of Dental Prosthetics,
Guy's Hospital,
London Bridge, S.E.1.

MIMS

SIR,—I enjoy reading the *Gazette*, and I was interested in Dr. R. K. Knight's article on the cost of drugs. In the second article (November 23rd) he praises MIMS for its presentation and usefulness, but regards it as contributing to the high cost of prescribing.

Writing in a hospital journal, presumably Dr. Knight is mainly concerned with the cost of drugs in the hospital service. In a teaching hospital, of all places, surely guidance is given on prescribing, and drugs are evaluated on therapeutic criteria.

In the various sections of MIMS not all preparations listed are of equal therapeutic value, and their cost varies. This is not disputed. There are a number of drugs, which after a period of useful service become standard drugs and are adopted for inclusion in the B.N.F., though in many instances they still continue to be supplied as proprietary preparations.

We have always regarded MIMS as an aide-memoire, and we try to give as much information as our space allows. The active constituents of each proprietary preparation are always given. We think that most doctors will refer to several other sources for detailed information. Among these sources, the MIMS Annual Compendium will take its place.

Yours, etc.,

ERNEST N. CULLOM, Editor.

MIMS, Gillow House,
5, Winsley Street,
Oxford Circus, London, W.1.

"Trees in Israel"

SIR,—I wish to make a correction of a report on " Trees in Israel " published in the Guy's Hospital *Gazette*, vol. 82, No. 2098, in the Passim column. The arrangements for the planting of the Park of Trees were not made in Israel, but in the United Kingdom.

Yours, etc.,

HENRY WINDSLEY.

1, Askew Road,
London, W.12.

Students and their future

SIR,—In recent months I have become concerned at the political ignorance of most medical students. Throughout the student world there is an obvious feeling that the Government is inefficient, that there is a lack of commonsense and that individuals in charge are inadequate. Despite the fact, however, that such indictments could be reasonably levelled at the administration of health services in this country, few students seem either aware or bothered.

Both medical education and the health services in this country are becoming huge economic concerns, and much capital is involved in their administration. Large capital means a high degree of organisation and a decrease in variability.

The Royal Commission Report very properly, I believe, emphasises the need for a pliable structure with a flexible first tier of basic education and a variety of possibilities in post-graduate training. This two-tier structure with inherent flexibility is a very important but often ignored aspect of the report.

Unfortunately, administrative structure has not received such considered insight. Earlier this year, the Green Paper on the N.H.S. was published describing a new scheme of administration. The suggested Area Boards would control much of what is now in the hands of smaller local authorities and hospital administrative staff. This increase in organisation might be considered a good thing, but what must be emphasised is that such a scheme would establish the pattern for at least thirty years. There is no flexibility and little potential for change when dealing with such organisation and capital outlay.

A similar situation faces us with the Ministry's health centre scheme. A health centre with twenty doctors and all the supportive staff may be acceptable today, although I do not think so, but wholesale adoption of such a scheme could be a disaster. The capital ploughed into a health centre is so great that if it proved useless next year it would be at least twenty years before one could change it.

I am trying to emphasise that steps are being taken in medicine at the moment which mould and decide our future. Consequently, we must, while still medical students, become aware of the medico-political scene and voice any misgivings now. It will be too late to effect any change after we qualify, for by then the scene will have been established.

I am optimistic that many of the projected changes are open to manipulation from all sources, one of which should be medical students. Thus, I believe our views on the Todd Report on the Green Paper, on health centres and the future of General Practice and many other issues are important. If we receive these views then it is easy to convey it to the Government Departments, M.Ps., and the newspapers.

Yours, etc.,

GEOFFREY J. LLOYD, B.Sc.,
President.

B.M.S.A.,
British Medical Association House,
Tavistock Square, W.C.1.

Residents' Play

SIR,—May I inform your readers of the details of this year's Residents' Play, "Tower Power." It will be performed in the Physiology Theatre at 8 p.m. from February 3rd to 7th.

Tickets may be obtained by written application to me. I would stress that early application should be made, because the demand for seats is always greatly in excess of those available.

The closing date for applications is January 17th.

Yours, etc.,

J. H. TRIPP,
President of the Residents.

Guy's Hospital, London, S.E.1.

Who pays for whom . . .

SIR,—Your correspondent, Robert Lomax, in the current issue of the *Gazette*, finishes his specious discourse on sign-in sheets with the surprising statement that " after all, it is the student who is paying for his education."

This tendentious incitement to student revolt is, in my considered opinion, a dangerous manifestation, or symptom of the prevalent sickness of the student body. Let him realise now, before he gets himself into further trouble, that it is *we* the *parents* of the students, who pay.

Yours, etc.,

H. BLOOM.

Waverley,
86, Waldegrave Road,
Teddington, Middlesex.

. . . and how things have changed

SIR,—Having spent a most pleasant evening in the company of Mr. Ellis at the recent Rugby celebrations, it gives me much pleasure to be amongst those who will applaud the impeccable sentiments expressed in the first part of his letter discussing current student behaviour. However, I must also count myself amongst those who will regret the nonsense expressed in the second.

Mr. Ellis is not alone in his lack of homework. Similar views have been expressed by doctors perhaps better placed to know better. I would instance Dr. Richard Gordon in *Punch* and a feature article in *Pulse*, who to be fair at least published a letter in refutation.

If such views are expressed by members of the medical profession, small wonder that the general public are under the impression that all students at Hospital, University or whatever are kept there at no expense to their parents. "Successful practice" in one form or another will bring with it, albeit inadequate, financial reward at least sufficient to see that the practitioner is precluded from receiving any such grants on behalf of his children, saving the basic £50 Book Allowance. As in the time of Mr. Ellis's grandfather and father, expenses will have to be met in taxed "cash."

This Means Test is one of the more unjust fiscal measures affecting professional men. To the best of my knowledge, neither the B.M.A., B.D.A., nor indeed similar bodies in other professions, are doing anything about it, yet it may well be one of the main reasons why children, to the detriment of the professions, are not following in father's footsteps.

Yours, etc.,

R. DAVID PLOWMAN.

7, Harcourt House,
19a, Cavendish Square, London, W.1.

BOOK REVIEWS

DRUGS AND THE POLICE

by Terence Jones. London. Butterworths. 10/-.

This paper-back, as its title implies, is not directed at medical readers, but at the police. Not surprisingly, then, neither medical practitioners generally, nor medical students especially, will find it of very much value to them. Except, perhaps, for Part 7, which gives a very useful and comprehensive summary of the Law on Drugs.

Otherwise and particularly in the pharmacological sections, it displays some unfortunate weaknesses. The police officer who, nowadays, should certainly be reasonably versed in the drug problem, may find this a convenient introduction to the subject, but even for him it would be more valuable, one feels, if the author had enlisted the support in his writing of someone more expert in the drugs as such and more familiar with drug addicts in situations apart from those potentially criminal.

ROY GOULDING.

PRACTICAL CLINICAL BIOCHEMISTRY,

4th Edn. By Harold Varley, Heinemann, 1968. £3 10s. 0d.

It is perhaps self-evident that the potential usefulness of the Path. Lab. may be limited by a lack of awareness by its users of the diversity of diagnostic tests which can be carried out. As the steady march of biochemistry continues to make inroads into medical problems, the difficulty of assessing and remembering all the new ideas becomes increasingly acute. In this new edition of Practical Clinical Biochemistry, Harold Varley has largely brought up to date his explicitly worded descriptions of the many biochemical tests which can be used to aid diagnosis and treatment. A new chapter describes such techniques as ion exchange, thin layer and gas chromatography; electrophoresis on paper, cellulose acetate and starch gels; the use of the autoanalyser; and their applications to diagnosis are described throughout the book.

Although primarily intended for the laboratory worker, the discussion on the interpretation of the results of tests, including the Clinitests, which are becoming part of every doctor's bag, extends the value of this book to the whole medical profession However, since the inevitable brevity of presentation leads by factual omissions to an occasional apparently dogmatic statement, the discussion should be appreciated in the guiding light which is intended.

There are also useful accounts of some enzymes of medical importance, the plasma proteins, hormones and an outline of the abnormal haemoglobins as well as chapters on acid-base regulation and basal metabolism. Other sections which have been extensively rewritten in this edition are those dealing with quality control, the normal range, hypoglycaemia, amino acid disorders, flame photometry, pyridoxine and folic acid.

The value of a laboratory test may be completely invalidated if adequate precautions are not taken in collecting the sample. Even in these days of overworked staff it cannot be stressed often enough that if samples are not collected under conditions appropriate for the particular test, they might as well not be collected at all. It is one omission of this book that while the procedures for such well-established tests as the glucose tolerance are described down to the last detail, the general procedure for collecting samples for enzyme assay—biochemical cleanliness, keeping the sample cold and speed in delivery to the laboratory—has not been stressed, although the need to avoid haemolysis of blood samples, because of enzyme contamination from the red cells, is mentioned.

An extensive index is provided, but this must inevitably prove inadequate for any work which crams so much information into 800 pages. For those not actively engaged in laboratory work, it is a book for browsing in and for contemplation, and I am sure that most would be pleased to have it handy on the bookshelf. At 70s. it is undoubtedly outstanding value.

D. C WATTS.

FOUNDATIONS OF PAEDIATRIC NURSING

By Violet Broadribb, R.N., M.S. Publisher: J. B. Lippincott Company, Philadelphia, Toronto.

The aim of this book is to give a nurse a basic groundwork on which to build up a better understanding both psychologically and physically of a child in hospital.

The author stresses the importance for a nurse to understand and adjust herself to the way the individual child thinks, his needs, limitations and possibilities. To realise the incident of the child's illness is only a segment of his life, though the factors of strangeness, loneliness and discomfort can have severe, and lasting consequences in his life. It is, therefore, essential to make illness and hospitalization a maturing experience and a period allowing the child emotional security and strength.

This book is mainly concerned with the art of applied psychology in the aspects of behaviour from infancy to adolescence. The diseases of childhood are described, but not in detail, therefore, not a "must" for the student nurse. It is worthwhile and beneficial as reference reading prior to and during Paediatric Nursing.

D. E. CHANDLER.

SPORT

RUGBY

GUY'S v. STREATHAM-CROYDON

At H.O.P. December 7th, 1968

Result: Lost 17—19.

This game was played under dry, windless conditions, on a dull early December afternoon. The Hospital were out to repeat last year's victory, but it was noted that the team was somewhat depleted by the absence of both Novak and Ross on the wings.

Within the first few minutes, Guy's had conceded three penalties from tight scrum misdemeanours, by Hey, who was celebrating the attainment of his majority. The Hospital were soon on the attack in the free-scoring open game, and after five minutes, Guy's were leading when Elliott converted a penalty. Well placed high kicking by Elliott punished the Streatham defence, and brought the Hospital deep into the visitors' '25' on several occasions. Streatham made occasional sorties into the Guy's defences, which were repelled. After thirty minutes a lapse in the Guy's three-quarters allowed Hooker, of Streatham, to intercept the ball 30 yards from the goal-line, and he had a clear run in to score under the posts. This try was easily converted by Horton. During the last quarter-of-an-hour of the first half, Guy's continued to press, with Elliott just landing short with a long attempt at dropping a goal. Thus at the change-over, the visitors had a 5—3 lead, but this had been achieved somewhat against the run of play.

Within two minutes of the start of the second half, Neville fell on to a loose ball to score following a well-executed forward rush in which Davies and Addison had been prominent. Elliott made no mistake with an excellent kick taken from just in from the touch line. A few minutes later an offside offence by the visitors allowed Elliott to put Guy's further into the lead. Horton had an unsuccessful attempt with a long range penalty for Streatham, which was followed by a further three points for Guy's when Elliott succeeded with a well taken drop goal to put the Hospital in a convincing 14—5 lead. Alas, this was not to remain the case for very long. Horton narrowed the gap with a further penalty, and then a hack ahead by Streatham was fumbled by a Guy's defender, and the dangerous centre Hooker again snapped up his opportunity and raced in 40 yards to score for the second time under the posts. Horton again collected the points, and so the Guy's lead was now reduced to one point. Ten minutes later the visitors were in the lead when Horton succeeded with a long range penalty awarded when a Guy's forward was caught offside in the line-out. Some rugged play now took place between both packs and the visitors were penalised. Again Elliott put Guy's back into the lead with a long range penalty. This brought Elliott's points total for the afternoon to 14, and also restored his place-kicking confidence in no uncertain manner. Richards, Streatham's Welsh stand-off, played intelligently, and Guy's forwards were now noticeably slower in covering. A quickly and cleanly taken drop goal gave Streatham three points and the match. In the closing minutes, Guy's threw all their resources into attack. Rowlands came into the line, and an exciting three-quarter movement in which the ball came back to Merrit, ended when the latter was brought down only five yards from the goal-line. A further attack by Guy's ended when Lewis, on the right wing, failed to take a difficult pass. In the dying seconds of the match the ubiquitous Neville, well supported by Blackwood, pressed to within inches of victory for Guy's.

I was disappointed at the final whistle that Guy's had not clinched the victory that I feel sure that they deserved.

Team: B. J. Rowlands, D. Lewis, J. F. Price, D. Smith, J. Shutes, D. R. Elliott, D. Merrit, J. E. Davies (Captain), G. B. Hey, A. Addison, J. M. Cockburn, J. Stoneham, P. C. Williams, C. G. Neville, R. Blackwood.

D. J. RICHARDS.

HOCKEY

GUY'S v. BEXLEYHEATH

Away.

Result: Won 0—1.

Guy's met Bexleyheath on a pitch that was heavy following the recent wet weather and which was desperately in need of a good rolling.

The side showed two changes from that which has been fielded virtually all the season. Godfrey and Vellacott were unavailable, and their places were taken by Bundred and Horrocks respectively; both acquitted themselves well.

From the start it was evident that the uneven surface would make ball control difficult, and Guy's adopted the correct tactics, using long passes either through the middle or for the wings to chase. This soon paid dividends, and following some determined running by Bundred, Guy's took the lead through Clark.

Although the side continued to attack for the rest of the half, this superiority was not converted into goals due to over-anxiousness in front of goal which was not helped by the unevenness of the circle.

Bexleyheath came into the game more after half-time, and Guy's were put under some pressure. In spite of this, Clark was only called upon to make two saves due to some good play by the defence. Crafts again played well and was apparently undeterred by a nasty blow in the mouth which resulted in his having to imbibe through a straw after the game.

This was a good win, and undoubtedly the side is beginning to play some good hockey. There is still, however, plenty of room for improvement. The forwards are not yet looking really goal hungry and must learn to tackle back more quickly and determinedly. The defence, which has been very solid all the season, could well take free hits and sixteen yard hits more quickly providing of course the forwards move into position to allow this to be done.

It is to be hoped that during the Christmas break the team will get down to some really solid training. The additional fitness would turn the possibility of a good run in both cups into a probability.

Team: R. K. Clark, M. Horrocks, D. Crafts, R. Goodhart, C. Pearson, R. Kendrick, P. Bundred, R. Burns, R. Clark, S. Cripps, A. Winskill.

A.W.

GUY'S v. SOUTH ESSEX

Away. Won 2—0.

Ten of the Guy's side arrived at a frozen South Essex ground to find they had only nine sets of kit, the captain's being somewhere in Romford with the eleventh player. After considerable discussion, the game was played with a new rule of no hitting, only pushing and flicking. During changing, the side fortified themselves on a bottle of Scotch against the cold and then skated forth to do battle. Owing to the non-appearance of our goalkeeper, the side had to be reshuffled with the captain playing kicking back, and our ageing but enthusiastic left wing moving to left half.

Half-time came with Guy's 1—0 up through a well flicked short corner by Goodhart, and further prophylaxis against the cold was taken.

The second half was notable for the arrival of a goalkeeper, the scoring of Guy's second goal by Godfrey from a long corner and for the sending off of one of the opposition for a rather blatant foul.

Thus we finished our pre-Christmas half of the season on a winning run which we hope will be continued in the post-Christmas period. This was Tony Godfrey's last game for Guy's, and it was good to see him scoring. We all wish him well in Cardiff and hope he will be back to see us, especially on March 2nd at the Past v. Present game.

Team: R. K. F. Clark, M. Horrocks, D. Crafts, R. Goodhart, C. R. Pearson, R. W. Kendrick, A. E. Godfrey, R. Rinstatler, J. Walker, S. W. Cripps, R. Winskill.

R.W.K.

BOXING

TOURNAMENT

Pavy Gymn., December 11th.

The Boxing Club once again provided an enjoyable evening when opponents from several London clubs engaged in eight bouts. Suitable matching was possible for only four Guy's contestants.

The first encounter was between P. Cavanagh (Guy's) and O. Dwyer (Lynn). The latter assumed the aggressive role, but after accumulating many points in the first round, was easily contained by the Guy's man, who ultimately attained victory.

C. Croft (Guy's) gained a deserved win over R. Forward (U.L.U.) in a welter-weight bout, in which both boxers scored well, each employing a good combination of punches. Neither was prepared to evade blows, but Croft was able to secure his lead in the last round after earlier economy of energy.

One of the quicker exchanges of the evening was between W. Konarzewski (Guy's) and W. Bridges (Lynn). Nevertheless, it was full of event, and from the onset there were repeated flurries of punches. Many of the clashes were inaccurate, but amidst the threshing of air, several forceful blows were well placed.

In the second round a more restrained Konarzewski delivered skilful jabs. His greater care soon allowed him to chase a tiring Bridges around the ring before knocking him to the canvas three times. The referee's intervention was inevitable if a little delayed. Konarzewski was the third successive Guy's winner.

Careful matching produced a closely fought contest between S. Marsh (Guy's) and A. Armitage (Belsize). Both were capable of powerful punching and Marsh demonstrated considerable ability by warding off his opponent with classical left hand blows and effective countering.

The first two rounds included some good defensive boxing, but in the third, both were too tired to continue such refinement and seemed content to swop glove for glove, and Marsh lost after what must have been a very difficult decision.

The Guy's boxers were grateful for the assistance of their enthusiastic trainer and second, Charlie Pocknell.

The Club President, Mr. J. Mansie, presented the prizes to the competitors and a *Boxing News* trophy to special guest T. Waller (Lynn), the Olympic Games representative.

T. J. GIBSON.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the appointment of **Senior Registrar/Registrar** (full-time) in Clinical Dental Surgery including Oral Surgery with duties commencing as soon as possible. Facilities for study and supervised research. Duties include the care of maxillo-facial injuries. Forms of applicaton are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than **Saturday, 25th January 1969.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Senior Lecturer/Lecturer** (full-time) in the Department of Dental Prosthetics with duties commencing as soon as possible. Salary scales: Senior Lecturer: within the range of £2,590 to £3,395: Lecturer: within the range of £1,745 to £2,820, both with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1., not later than **Wednesday, 15th January 1969.**

GUY'S HOSPITAL MEDICAL SCHOOL

Lecturer required in the Department of Surgery from 1st February 1969 or as soon as possible thereafter. Applicants having the F.R.C.S. are preferred but those without this qualification will be considered if they have experience in the field of transplantation. The person appointed will take part in clinical and research aspects of an expanding transplantation programme, with particular emphasis on the use of antilymphocyte serum. Salary in the range £1,745 to £2,820 p.a. according to experience. Forms of application are obtainable from the Dean, Guy's Hospital Medical School and should be returned not later than **15th January 1969.**

GUY'S HOSPITAL MED ICAL SCHOOL

Senior Lecturer required in the Department of Surgery with duties to commence 1st April 1969. Applicants should have the F.R.C.S. The person appointed will take part in the clinical and research work of the Department. Salary in the range £2,590 to £3,050 p.a. then, subject to review, to £3,395 p.a. according to experience. Forms of application are obtainable from the Dean, Guy's Hospital Medical School and should be returned not later than **15th January 1969.**

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY INTERMEDIATE EXAMINATION NOVEMBER, 1968

Miss P. J. Arch	Miss J. L. Harvey
Miss J. R. Bowskill	Miss L. M. Holborn
Miss S. J. Bradford	Miss J. A. Lauder
Miss W. A. Champion	Miss S. M. Matthews
Miss S. E. Cliff	*Credit*
Miss B. J. Denny	Mrs. C. A. Quick
Miss E. M. Franklin	Miss P. J. Skinner

PRELIMINARY EXAMINATION NOVEMBER, 1968

Miss R. E. Adams	Miss J. A. Hudson
Miss S. M. Andrews	Miss P. A. Mason
Miss M. R. Asburey	Miss S. Mason
Miss E. V. Bradford	Miss J. J. Palmer
Miss J. E. Carey	Miss S. D. Peppiatt
Miss J. M. Chapman	Miss D. C. Sanderson
Miss R. L. Clifton-Crick	Miss P. A. Sinclair
	Miss E. R. Taylor-Balls
Miss B. J. Evans	Miss P. M. Williams
	Miss J. M. Wrightson

PERSONAL

ASSOCIATE—Required by two Guy's men, with definite view to join group practice in Tunbridge Wells. Would suit newly qualified. Ultra modern surgery with full ancillary assistance. Laboratory on premises. High remuneration to start. Tel: 22604, Evenings 25350. Box No. 4/12.

FREE—Unbound copies of the "Lancet" and "B.M.J." 1964-1968. Complete but marked. Collect from: T. A. H. English, 40, Vanbrugh Fields, Blackheath. Tel: 850 1608.

CHANGES OF ADDRESS

Mr. A. W. Banks, F.R.C.S., M.R.C.O.G. Government Hospital, Beida, Libya.

Mr. and Mrs. P. Borghys, Jasmine House, *Bethersden, Ashford, Kent. Tel: Bethersden* 488.

Dr. and Mrs. Andrew Freeland, 16, Bardwell Road, Oxford. Tel: Oxford 58846.

Dr. John K. Morgan, 29 Moor Park, Nunthorpe, Teesside.
Also
"Rockliffe", North Side, Staithes, Saltburn-by-the-Sea.

Miss Dorothy E. M. Warner, L.D.S., D.D.O. 6 Rushmoor Close, Rickmansworth, Herts.

STAFF CHANGES

APPOINTMENTS

Miss S. K. Sandhu, S.R.N., S.C.M., to be Sister in Cornelius as from 1st January, 1969. (from The Dreadnought Seamen's Hospital, Greenwich, S.E.10)

PROMOTION

Miss J. E. Evans, S.R.N., S.C.M., promoted from Staff Midwife to Sister on Victoria Ward as from 1st December, 1968.

Mrs. E. A. Amafor, S.R.N., S.C.M., promoted from Staff Midwife to Sister in the Maternity Department from 1st December, 1968.

RESIGNATIONS

Miss B. Pyle, S.R.N., S.C.M., R.S.C.N., Sister Caleb Ward, as from 5th December, 1968.

Miss R. E. Southey, S.R.N., Sister Main Theatres, as from 31st January 1969.

Miss S. M. Price, S.R.N., S.C.M., M.T.D., Nursing Admin., Hosp., Cert., Edinburgh University, Assistant Matron as from 11th January, 1969.

Mr. D. Evans, S.R.N., R.M.N., Charge Nurse, Hector Cameron Ward. As from 20th December, 1968.

Miss E. M. Ferguson, S.R.N., S.C.M., R.S.C.M. Sister, Caleb and Diplock Wards. As from 30th December, 1968.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2100

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Ours to Reason Why ?

"A multitude of causes, unknown to former times, are now acting with a combined force to blunt the discriminating powers of the mind, and, unfitting it for all voluntary exertion, to reduce it to a state of almost savage torpor. The most effective of these causes are the great national events which are almost daily taking place, and the increasing accumulation of men in cities, when the uniformity of their occupations produces a craving for extraordinary incident, which the rapid communication of intelligence barely gratifies."

Thus Wordsworth in his "Preface to Lyrical Ballads".

One question not apparently considered in the recent report on the problem or otherwise of cannabis is why this habit has grown up to such recently massive proportions. This question should surely be at the basis of any consideration of the legality or illegality of the possession and use of the drug. There are two sorts of laws; those imposed by a community on itself by reason of expediency which range from forbidding murder to those governing obstructions on the roadway, and those governing the actions of an individual to protect, so to speak, himself from himself. The law as applied to cannabis is not of the former kind and has yet to be shown to be justified in the latter category. Indeed, it may be that the very illegality of "Pot" is the incentive to its use. The fact that to get hold of the stuff involves one in the romance of illegality, that to smoke, chew or drink it in a close atmosphere of secrecy only heightens the real or imagined feelings of the consumer. If Mum and Dad sat at home quietly drawing on their reefers there is little doubt that its associations with juvenile exploration would fade very quickly, and the young would creep off to discover for themselves some other source of vicarious pleasure.

This seems to be the dilemma that faced the compilers of the recent report. If cannabis was to remain illegal then the law would be, indeed is being flagrantly flouted. If made legally available to all then the next step that the rebel generation would take would be one for the worse, graduating away from goody-goody to other "harder" sources of escape, pleasure or "extraordinary incident" which they are unable to find or even to seek elsewhere. Perhaps the compromise that they came to was the only one left open to them as reasonable people considering an unreasonable problem as reasonably as possible.

So one returns to the question "Why?" Why do these people feel that their only protection from life is by escape to a mesmeric world of heightened perception with the help of drugs? Does the opening quotation still explain the frustrations of which this drug-taking would seem to be a symptom? If this is so, then the "cure" of the syndrome lies much deeper in society than any piece of legislation can ever hope to reach.

If it is the tedium of modern life that these people are attempting to briefly escape from, their feelings have been well expressed by Pope in his "Elegy to an Unfortunate lady":

> *" Most souls, 'tis true, but peep out once an age,*
> *Dull, sullen prisoners in the body's cage;*
> *Dim lights of life, that burn a length of years,*
> *Useless, unseen, as lamps in a sepulchre."*

Can cannabis really provide any prolonged relief from these feelings of despondency? Can it allow one's light to pour out of one's sepulchre? Or does it just condemn its users to a Burroughs-type hell, where escape is a worse state than the misery of reality?

We can only pose the questions.

Nursing Correspondent

Miss Diana Budd is leaving the Hospital to seek fame and fortune elsewhere. She has, for the last six months, provided a succession of articles that have always stimulated interest both among the nurses and others at Guy's and elsewhere. We thank her for all her hard work, and wish her all success in the future.

Sister Mavis, who works in the School of Nursing, has accepted the post of Nursing Correspondent. We welcome her and look forward to her contributions to the page in the *Gazette* that we hope helps to air the views of the nurses to the advantage of all.

Patient Computers

The Marconi Company have recently developed two advanced medical computing systems which were recently demonstrated at the Medical Computing Exhibition held at Birmingham University. A patient monitoring system demonstrates computer controlled collection analysis, and presentation of vital parameters on the patients' condition. The system receives and analyses information from sensors attached to patients in operating theatres and intensive care units. The processed information is then displayed on cathode ray tube systems in the form of graphs, or as alphanumeric information or alarm statements. It can also receive additional information fed in from light pen or keyboard inputs.

The computer allows instant analysis of parameters such as E.C.G. waveforms with immediate identification of irregularities. A number of patients can be monitored by clinical staff from a central monitoring position, the computer providing definitive alarm statements on the display in the event of any deterioration in the condition of a patient.

The second system on display is a radio transmitter which, when attached to the patient transmits analogue signals from sensors already in position on the patient's body. The signals are picked up by a receiver unit from which information may be directly displayed, or can provide inputs to a computer-based monitoring system, such as that already described. In this manner, data displays, recording equipment and even computing systems can be connected to the patient without restricting his free movement about the hospital, or even at home.

Mr. E. J. Hall

On the 31st December, Mr. E. J. (Sammy) Hall retired from the Department of Biology, where he has been for many years the Senior Technician. His retirement concludes an association with the Medical School which has extended over more than forty-three years. A presentation will be made, further details of which may be obtained from Dr. E. W. Baxter, Department of Biology.

GUY'S DIARY

JANUARY

20	M.	1.00	Clinical Lecture. Dr. CAMERON. "Acute Renal Failure."
21	Tu.	1.00	Clinical Lecture. Dr. MOYNAHAN. "The Nural Crest and its Diseases."
23	Th.	1.00	Clinical Lecture. Mr. LAWRIE. "Some Ano-rectal Conditions."
28	Tu.	1.00	Clinical Lecture. Mr. BLACKBURN.
30	Th.	1.00	Clinical Lecture. Dr. HOARE.

ANNUAL DENTAL CLINICAL MEETING

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 1st March, 1969, and the Dental Society Dinner will be held in the evening. A resumé of the programme will be published in the "Gazette" on the 15th February, 1969.

A tribute to Dr. Mary Sheridan, M.A., M.D., D.C.H., O.B.E. on her retirement from Guy's

Dr. Mary Sheridan has retired from Guy's, for she wants more time to write up her research, and while she will still come at times to see children at Guy's, this is an opportunity to express gratitude and appreciation.

Dr. Sheridan spent her first four years as a doctor in children's hospitals, and then went into Public Health. Later she went to the Children's Department of the Home Office, and from 1948 to 1964 was at the Ministry of Health. This was an extremely productive period and although, as an original mind with a burning desire to get something done, she was at first sometimes disturbing to authority, there occurred while she was at the Ministry a great change in the attitude to handicapped children both at the Ministry and among her colleagues in the British Paediatric Association and the Society of Medical Officers of Health.

Dr. Sheridan, from her time as a local authority doctor, has been exploring four main fields: normal development; hearing and speech; early recognition and management of handicap and the sick family. She deserves a great deal of the credit for the present appreciation of the importance for child care of a knowledge of growth and development. Her manual "The Developmental Progress of Infants and Young Children" (1960), is the most successful publication of H.M. Stationery Office; her two STYCAR Manuals on Screening Tests for Young Children and Retardates, her work on The Child's Hearing for Speech (1948) and The Handicapped Child and his Home (1965) are landmarks which stand out in the long list of her publications.

Her research interests have been on development and on the detailed assessment of vision and hearing. This year she made public her new test by which visual acuity can be assessed in infants down to the age of six months.

Dr. Sheridan is an excellent teacher and has been in wide demand by many doctors in medical schools and other centres in this country and U.S.A. A Christmas letter recalled that her demonstration at the 6th International Study Group on Child Neurology in September, 1968, was " the high spot of the whole meeting."

In 1962, she was seconded by Sir George Godber to work one day a week at Guy's, and since 1964 she has been an M.R.C. Research Fellow working in Newcomen House. Not content with doing research and clinical work, she has been teaching undergraduates and postgraduates, and many of us are very grateful to her.

Dr. Mary Sheridan has been awarded an O.B.E., is a Fellow of the College of Speech Therapists, was the first woman to become an honorary fellow of the Society of Medical Officers of Health, and in Dublin this year was awarded a James Spence Medal of the British Paediatric Association.

Her higher qualifications include not only an M.D. and an M.A. in education, but also an L.R.A.M., and she has also achieved the distinction of having written six plays which have been professionally produced and several others presented on television.

Mary Sheridan is an exceptional person, and we at Guy's have indeed been fortunate to have had her working with us. We look forward very much to reading her research conclusions as they appear from the Press in the next few years, and also to seeing her around the hospital.

A VISIT TO SOUTH AFRICA

by

J. R. Trounce

I have recently spent six weeks in South Africa as a guest of the Student Visiting Lecturers' Trust of the University of Witwatersrand.

This Trust is financed by a levy from the students and is administered entirely by the students themselves. This year was the twenty-first anniversary of the first visiting lecturer, and the Trust entertained twenty-one lecturers. A similar Trust exists at the University of Cape Town, and it is customary for lecturers to visit both universities. I also visited Rhodes University at Grahamston and the non-European Medical School at Durban, which is part of the University of Natal. During my stay in South Africa I was the guest of the students, and they were responsible for organising my activities. This they did with great efficiency, and I was put through a fairly full programme. I met a large number of the medical students socially as well as medically. It is always revealing and frequently a valuable corrective to hear the views of students, and I think my visit would have been much less interesting without this opportunity. They also organised a number of visits to various places of interest, and managed to get me on and off aeroplanes without disaster.

Work and play

I was based on the Department of Experimental Pharmacology and Therapeutics. This is a new department, housed in a very well-equipped new block under Professor Charlton, who is responsible for the teaching of pharmacology and is also a physician to the Johannesburg General Hospital. The teaching of pharmacology is largely by lectures supplemented by practical classes. There are only two clinical pharmacologists in South Africa, and Professor Charlton, therefore, had a very heavy load of extramural activities, such as examining and acting in an advisory capacity to various official bodies. This, however, did not entirely prevent us carrying on our work on the golf course at week-ends, and I had a very enjoyable time in his department.

Schools, selection and studies

Witwatersrand, Cape Town and Natal are the three English-speaking medical schools in South Africa. There are also Afrikaans medical schools at Stellenbosch and Pretoria. Witwatersrand and Cape Town have a small number of non-European medical students,

and at Durban all students are non-European. Entrance to medical school requires matriculation, and the standard is, I think, a little lower than that based on "A" level at Guy's. Selection is on the results of matriculation; the vast distances which would be involved would make any form of interviewing quite impractical. This form of selection did not seem to produce noticeably different results from those obtained at Guy's, but, of course, comparison of selection methods in two different groups of students is hardly valid.

The annual output of doctors from Witwatersrand and Cape Town is around a hundred, and at Natal around fifty, although all three schools hope to increase on these numbers. The medical course at all three schools is very similar and is :—

1st year	Chemistry, Physics and Zoology.
2nd year	Anatomy, Physiology.
3rd year	Pathology and Pharmacology.
4th year	
5th year	Clinical.
6th year	

Usually examinations are taken at the end of each year and they must be passed if students are to proceed to the next year of the course. The pass rate, however, is high. At Natal some students take an extra year to improve their general education.

In the medical school of Witwatersrand and Cape Town the general atmosphere in the wards and among the student body was very similar to that at Guy's. The clerking of patients in the clinical period differed in that students were not responsible for individual patients, but might be required to present a patient on a round. The standard seemed about the same as that at Guy's.

The patients were all Europeans in the Johannesburg General Hospital. I got the impression that they were from a narrower low income group than in England, as the middle classes would usually be treated privately. The pattern of disease was similar to that at Guy's and even chronic bronchitis was fairly common. Cirrhosis of the liver was also a problem (brandy and wine being very cheap). Patient care was also very similar although at Johannesburg the registrars perhaps played a more important part than at Guy's, although the differences were marginal and may vary from firm to firm. The medical firm which I worked with contained two whole-time professors and two part-time physicians.

Research and sport

Research is carried on actively in most departments. Professor Bothwell at Johannesburg has, for instance, an international reputation in iron metabolism, but until recently research has been hampered by lack of funds. Whether the Chris Barnard era will improve matters remains to be seen. The other problem for research workers is very small numbers of people engaged in medical research in South Africa. This means that it is often impossible to find a colleague with whom mutual medical interests can be discussed, and this will usually entail a visit to Europe or the U.S.A.

Sport plays a considerable part in the life of the South African student, groups in track suits or shorts being common. I lived during my time at Witwatersrand in the students' residence with the Sub-Dean, and he did a brisk trade in minor injuries sustained on the rugby field. This preoccupation with sport I think is probably largely geographical —a sunny climate combined with nearby sports fields encouraging outdoor activities.

Student representation

The Student Representative Councils (S.R.C.) play an important part in student life. They are responsible for most facets of student existence. There is an annual election of members, and at Witwatersrand this is quite a serious affair, with posters, pictures of candidates, etc. After election members of the S.R.C. are allocated various jobs which they appear to carry out most responsibly.

Patterns of disease

A special word is required about the University of Natal Medical School. It is entirely non-European, largely African and Indian. The general layout and course is similar to that at Cape Town and Wits. Clinical training is carried out at the King Edward VIII Hospital, where there is a very different pattern of disease to that in the European hospitals. Particularly striking was the children's ward, where various forms of infection and sepsis often combined with malnutrition abounded. Neonatal tetanus was common and there was a special unit which dealt with this problem. Adult medicine also differs considerably, coronary thrombosis, renal stone and thyrotoxicosis being rare among the Africans. However, hypertension, cardiomyopathy and acute infection of all types, particularly lobar pneumonia, are common. Of great interest is the high incidence of carcinoma of the liver, and, more recently, of the oesophagus (middle third). There are great opportunities of epidemiological research and of particular importance will be the change of disease pattern in the African as he becomes more urbanised. In Durban, where the chief population group is Indian, a third racial disease pattern emerges, coronary thrombosis and diabetes with florid vascular complication being very common.

The pressure of work

In the non-European hospitals the wards and out-patients teem with patients and to try and keep pace with their needs there is a very rapid bed turnover. The nursing staff are now nearly all non-European and their training must set something of a problem. However, it would be wrong to think that high standards of nursing cannot be achieved, and at both King Edward and at the Baragwaneti Hospitals, for non-Europeans outside Johannesburg, highly skilled nursing was available in the special units staffed entirely by Africans.

I would at this stage like to pay tribute to the staff (both European and non-European) of these hospitals for non-Europeans. They are frequently dedicated people, faced with a work load and overcrowding which to us would seem impossible. In spite of this, they

maintain a very high standard of medical care, and staff also manage to do some research on the side. There would appear to be a great need for more non-European doctors to work in such hospitals, and also more hospitals of this type. This would, of course, require in addition more nurses and other medical auxiliaries, and so is basically a question of a more educated non-European—a further complicating factor being the pay differential between European and non-European doctors.

Voluntary dispensaries

Students at all the medical schools run voluntary dispensaries in poor areas for the non-European sick. This provides valuable experience for the student and medical help which might not otherwise be available to the patient. I saw such units at Cape Town and Durban, and was most impressed. Again there was considerable work load, often some 70—100 patients being seen at a session.

Visits and lectures

I did not see so much of the Afrikaans medical school. However, I visited the baboon colony at the Karl Bremner Hospital which is attached to the University of Stellenbosch. This unit obtains baboons living on the mountains of the Cape peninsula. The work carried on there is mainly on the fundamental aspects of renal transplants, but one of the most interesting findings to me was that the organisms which affect the baboon which are similar to those found in man, are frequently antibiotic resistant. I was also shown, through the kindness of Dr. Coetze (the Superintendent) the new University hospital for Stellenbosch. It is an enormous project with 1,400 beds, and although as yet incomplete is going to be a very impressive hospital.

I gave one lecture at the University of Pretoria—this medical school has a large student intake of around 200 students per year. The buildings were new, but certainly in pharmacology there were staff shortages putting a considerable strain on the teaching personnel. Pretoria is an Afrikaans University, and although the staff I met were bilingual (as are to some extent many European South Africans), the general running and language of the institution is in Afrikaans.

Impressions

What impression can one form of South Africa? It is a vast country of many facets, many attitudes and several cultures. It is a curious mixture of the remnants of English colonialism, driving energy which is almost American (particularly in Johannesburg) combined with the monolithic Afrikaans culture, and always in the background the shadow of the African. I do not propose to enter into a discussion of the problem of politics and racialism in South Africa, although it is impossible to be there for long without being aware of their existence unless one lives on a most superficial level. There are however two points which I would like to make.

I was in South Africa as a guest of the students of Witwatersrand. During my stay I met and talked to a large number of students, both at Wits, Cape Town and Natal. Some of these students were S.R.C. members and therefore could be classed as student leaders. As is

common knowledge students have been under some criticism from the authorities in South Africa, and I can only say that I found them most intelligent and responsible people, with a clear idea of what is going on around them.

Secondly, South Africa is a large and complicated country. It is therefore important for the visitor to try and see as much as possible, good and bad, before trying to form an opinion. I am certain that my six weeks was far from adequate but I have tried to give you a picture of one small segment of the South African scene.

FARCIC

by

J. R. Trounce

Whoever it was who first pointed out that we and the Americans are divided by our common language, this is becoming increasingly true in the field of medical writing. The extent of this division has become even clearer to me recently, while reading some recent American textbooks. There are some almost endearing terminological peculiarities. Surely few English writers could bring themselves to say of a group of conditions of disputed cause—"Their origin is still moot"; or to construct such a seemingly meaningful statement of nothing in particular as "It is the consensus that the incidence of malignancy is lower than is generally thought." We have a variety of succulent Anglo-Saxon expletives to describe the act of generation. Surely only an American could have produced that immortal term I recently overhead at a conference—"the act of gamete transportation". One can almost picture some splendid All-American boy, surging with passion, put down his copy of Spock and, turning to his sanitized wife, breathe hoarsely: "Purdon me, durling—would you care to participate in an act of gamete transportation?" Certainly such heights of technological lyricism are rare in present-day life.

There are other biological differences. While all typically bowel-conscious British succumb from time to time, becoming constipated, Americans suffer instead from a more subtly sinister condition : "Obstipation". While an Englishman has an X-ray, an American would undergo a Roentgenological examination.

But the most distressing and irritating tendency in transatlantic terminology is the steadily increasing insistence on performing mutilating and unnecessary circumcisions on perfectly respectable and functional English words. **Anatomic** and **physiologic** principles are discussed; **roentgenographic** findings are revealed. One may even read of a **Staphylococcic** infection! Perhaps I am an overly critic anim, but isn't this both farcic and ungrammatic?

Seriously, though, I'm very fond of Americans, and I greatly appreciate our student exchange with our colleagues from the U.S.A. The twenty or thirty American students I met over here during the year were delightful fellows. I do hope that the Guy's student who went to America was as popular.

MEDICAL SERVICES TO OFFSHORE DRILLING

by

R. A. F. Cox

During the past three years a completely new industry has grown up in Britain—that of offshore drilling. The North Sea has become the centre of an intensive search for gas, and possibly oil, and this exploration is conducted from large drilling rigs situated up to 100 miles offshore. It has brought with it, like any other industry, its own medical problems, and the purpose of this article is to outline some of them, and try to explain briefly how we have attempted to deal with them.

The drilling rigs work all the year in water varying in depth from 100ft. to 300ft. The drill pipe never stops turning, 24 hours a day, seven days a week. It takes 50—60 men to crew each rig, and to keep this very expensive piece of apparatus in operation there are a number of supply vessels, helicopters and ancillary companies required. In addition to all this, there are crane barges for building the rigs, pipe-laying vessels for laying under-water pipelines when gas has been discovered and needs to be brought ashore, tugs to move the movable rigs about, and a great many onshore projects. The number of rigs and barges at any one time is somewhat variable and so, in consequence, is the number of men offshore, but this is usually in the region of 500—1,000.

The Cruel Sea

Most previous offshore drilling has been done in the warmer and calmer waters of the Gulf of Mexico and the Middle East. The lessons of the North Sea have been learned the hard way with the loss of one drilling rig and a number of lives. The climate in the North Sea is not always kind, being usually cold and frequently foggy and rough. The work is arduous, highly skilled and dangerous. The incidence of accidents, both major and minor, is relatively high. Minor accidents are common in all activities, but the main ones are usually associated with those operations involving the use of the heaviest machinery, or in the transfer of heavy or unwieldy equipment from ships to rigs. It must be remembered that the rig stands 60ft. to 80ft. above the sea, and the supply ships pitch and roll throughout. There is very heavy machinery in use on all the rigs, and the actual process of turning the drilling string is, itself, not without dangers. Whenever a barge or

rig has to be moved, its anchors need moving by means of tugs, and since these anchors weigh anything from 10 to 20 tons each, this again is a highly dangerous manoeuvre. Almost any accident may assume serious consequences when it occurs many miles at sea away from medical attention, and possibly in conditions which isolate the patient for long periods of time.

A full-time job

A problem which had to be faced was to arrange the provision of medical cover and facilities to cope with any of the accidents which may occur. Since drilling continues 24 hours a day, 365 days a year, the medical cover has had to be arranged on a similar basis. While it was anticipated at the outset that a majority of the accidents would be fairly minor, it was also recognised that a major accident involving many persons could occur. The great catastrophes of oil drilling or gas drilling are blow-outs and fire, either of which occurring at sea could result in very heavy loss of life, and multiple injuries to survivors. Added to this is the problem associated with offshore work of maintaining the stability of the rig under adverse conditions, and it should be realised that the collapse of a rig—as occurred with the ill-fated Sea Gem—is another disastrous possibility.

The rigs are all serviced by helicopters, and it is these which are used on all emergencies. All the rigs have landing platforms, but some of the barges and all the supply ships have no helicopter landing facilities, and if a doctor is required urgently on one of these he needs to be winched down from a helicopter. This is a manoeuvre in which the doctors engaged in this particular service are now all proficient.

Equipment and experience

The medical equipment which is carried is very comprehensive. Time is vital and there is no room for any delay in organising medical equipment. The medical chest contains a sterilised drum of instruments sufficient to cope with any surgery up to an amputation. It has always been our policy to limit any procedures carried out on the rig to the minimum necessary to enable the patient to be evacuated in the best condition to the nearest hospital. So far this has never required more than the usual resuscitative measures, but we need to be prepared for the sort of accident involving a patient trapped in heavy machinery, or other difficult situation. Fifty miles offshore one cannot just send someone round the corner to the nearest hospital for another piece of equipment. Everything has to be taken every time to avoid forgetting the vital items. There is also anaesthetic equipment and four pints of plasma in addition to all the usual dressings, inflatable splints, etc. The anaesthetic equipment is not sophisticated—a medical orderly may be the only assistant who can administer it. We depend, therefore, on ether and the Schimmelbush mask, plus a laryngoscope and endotracheal tubes. The minuteman respirator can then be adapted to maintain artificial respiration on 50% O_2 with air or 100% O_2 if needed.

A separate box contains diagnostic instruments and a large number of drugs. All these supplies are kept at the Heliport and

always stowed on board the helicopter whenever a doctor flies, no matter how trivial the accident may sound over the radio. It is almost always the case that when one arrives at the rig the accident one has gone to may be more trivial than it seemed from the shore, but that there are other medical matters which are requiring his attention at the same time. Usually only one doctor travels, but in the event of a major catastrophe, then two or three doctors, and the same number of nurses, may need to be transported.

Nothing is trivial

One often flies to accidents which, in retrospect, seem to the doctor fairly trivial. It must, however, be remembered that the accidents do not seem trivial to the patient or to the attendants. The very circumstances of the accident may be more frightening than the injuries which result, but a doctor's flight to any accident among a closely knit group of very isolated men is never a wasted one. The doctor's arrival is a great morale booster ("this Company will take good care of you if you get hurt"), and a happy rig is not only a safer one but a more efficient one, too. Flying a doctor out may, at times, seem overdramatic but only to those who have not experienced the North Sea and do not understand the conditions which it imposes on those who dare to exploit it.

There are certain other duties required in addition to providing an accident service. Medical facilities need to be inspected, trained first-aid attendants organised, and radio advice given when required. There are also programmes of inoculation undertaken, and the general hygiene of the rigs periodically inspected.

Common emergencies

The commonest injuries are minor hand injuries, followed closely by "acute backs". Fractures are the commonest major injuries, and compound fractures of forearms and legs are not infrequent. Head injuries are sometimes severe in spite of safety helmets which are compulsory. In those operations involving a lot of welding, such as pipe-laying, foreign bodies in the eye are exceedingly common ; some of these can be very difficult owing to the propensity of hot metal to form a hook when it embeds itself in the cornea. Spinal fractures have occurred on several occasions, and there have been deaths from falls, either into the water or from the derrick to the rig floor. Deaths have also occurred in association with the discharge of cargo, usually from head injuries or crushing injuries. When bad weather prevents the evacuation of an injured or sick man, it can be very worrying both for the sick attendants on the rig and the doctor on shore. Unlike a ship, which can steam for the nearest port, an oil rig is immobile and entirely dependent on its helicopter or supply ships. A patient marooned with abdominal pain causes much concern until he can be taken off.

There are certain special problems associated with drilling, such as divers who need attention for decompression sickness (q.v.). The mud, which is a fluid used to lubricate the drilling bit among other

things, is constituted of a variable number of chemicals and sometimes diesel oil. On occasions there have been outbreaks of dermatitis from this. Contagious diseases can be a problem in these very close communities—influenza and scabies have figured prominently so far. Programmes of vaccination against influenza have been markedly successful.

As most of the crews are relatively young, and as most Companies insist on pre-employment medical examinations, medical problems have tended to be few. There have, however, been cases of appendicitis, coronary thrombosis and pneumonia necessitating urgent evacuation.

In this new industry there are some medical problems unique to it, but on the whole the problems are the same as in any other heavy industry, but complicated by the isolation of the personnel, and the dangerous and inclement conditions in which much of the work is performed.

Postscript

Since the above was written we have experienced the first major blow-out since drilling in the North Sea began. When the blow-out occurred on the Hewett A platform the latter was evacuated as rapidly as possible. In attempting to get alongside, in appalling weather, the *Hector Gannett* was holed and sank with the loss of three lives. The rest of the crew, and a number of men off the platform, were thrown into the water and later rescued by the *Boston Hornet*. These men, one of whom died, were examined on board by one of my partners, who was winched down from a helicopter. It was interesting to note that when I saw these men—six hours later on their return to harbour —they almost all still had subnormal temperatures. This, however, was the only remaining evidence of their exposure.

During the ensuing days, when the complicated operation to kill the blow-out was staged, a doctor was stationed on the adjacent Arpet platform, together with enough equipment to deal with any number of burned or asphyxiated personnel. Apart from our usual equipment this necessitated the provision of extra supplies of plasma, extra drugs like hydrocortisone, and more resuscitators. Fortunately our active service was not required, a fact which was a credit to the extreme care with which Mr. Paul Adair planned and carried out the operation.

It is doubly fortunate that this episode did not result in a large number of casualties, for the experience of it has enabled us to foresee, and we hope plan for, the problems which may result from a large-scale catastrophe.

NURSING SECTION

With my imminent departure from Guy's my thoughts turn, not unnaturally, to my years spent here. "Would you do it again"? my friends ask. The answer is probably still "yes"—with reservations. Impressions gained as a junior student nurse (or to go back to the very beginning a "pupil student nurse" in P.T.S.) differ vastly from my thoughts on the hospital now—and, of course, the changes are innumerable. To begin with, Holmsdale—that school from school in Nutfield—is no longer the P.T.S. In fact, it is considered "non-U" unless the correct term "Introductory Course" be used— which latter functions to introduce young innocents to Guy's and to the rigours of nursing. From this somewhat sheltered existence one progresses to being the junior on the ward—learning the hard way, bearing the brunt of sister's strained nerves—and the usual skilled type labour such as cleaning bed pans and doing "tidy rounds".

By the second year one is beginning to achieve some sort of status—here again a change—from a "stripe" on the sleeve of a dress to a "lilac belt".

On acquiring the dignity of strings a change in attitude occurs, with a broadening of outlook on the profession and in ones own personal life—major events of this phase being Guy's finals and State Registration.

After qualification perhaps the most difficult problems occur, for it is only then that one really begins to learn about nursing and to apply the knowledge acquired over the preceding three years. There is time to discover who is who, and to consider the hospital as a whole instead of a collection of wards and departments whose overall administration is controlled from afar.

The changes have been many, the building of the Tower Block is progressing where the old college once stood. The Nurses Home has been "up-graded", and the School of Nursing is undergoing structural alterations and modernisation. A completely new plan of nurse training was implemented in October 1965, and the members of this set are now State Registered. The Salmon Structure is being slowly introduced, bringing about a reorganisation in nurse administration.

Despite these changes there remain the "constants", such as the friendliness and hospitality of Guy's people, and it is to be hoped that these will not suffer as a result of recent innovations.

NOTICES

Guy's Hospital Art Society

There will be an exhibition in the Gordon Museum from January 20th—February 1st, 1969, featuring Arts and Crafts by Guy's staff and students.

The opening will be celebrated with wine and refreshments in the Museum on January 20th at 5.30 p.m. **Everyone** is welcome.

Morna Van Essen, Hon. Secretary.

Pupils' Physical Society

The next meeting of the Society will be held on Thursday, 23rd January, at 5.30 p.m. in the Anatomy Theatre.

The meeting will be in the form of a debate and the motion to be discussed is: "This house considers that the present medical curriculum prepares the student to meet the examiner rather than the patient." The motion will be proposed by Professor J. N. Hunt and Mr. M. Price, and opposed by Dr. J. Fry and Dr. M. Simpson.

It is hoped that all who wish to speak from the floor will be able to do so and even if you don't, come and listen.

Pupils' Physical Society—Laidlaw Prize Meeting

The Laidlaw Prize meeting will be held in April, 1969. The prize is awarded to the student who reads the best short paper on a subject of medical, clinical, or pathological interest at this meeting .

Each paper should last 20 minutes or less. Anyone intending to submit a paper should notify the Secretary by March 17th.

The Secretary will be pleased to help with any enquiries concerning this meeting.

Nigel Jones, Secretary.

The Students' Medical Education Committee

As the S.M.E.C. approaches its fifth year in existence, the aims of the committee should be brought into perspective, to enlighten those students and members of staff who are not aware of the existence of S.M.E.C.; and perhaps to re-enlighten the already initiated.

The committee provides a channel of communication between students and those responsible for planning and furthering their education. Ideally this should be a two-way channel, for student opinion in the one direction, and for smoothing changes and transitions in the other. A primary duty of the committee, therefore, is that of liaison. This is dependent on student interest in the methods of teaching, and a staff enthusiastic to discuss the inevitable problems that arise in any institution of learning.

The present committee is six representatives short out of a possible fifteen elected members, from the pre-clinical and clinical years. Is this explained by a sudden increase in student apathy at the time of the last S.M.E.C. elections? Furthermore, many of the "problems" encountered by the committee, e.g. the disorder left in certain laboratories after fellow students have been working there, and what firms of students should accompany a certain type of patient to another hospital are surely not the prime concern of an Education Committee, even accepting that these matters concern the day-to-day life of the Medical Student.

On the other hand, it is gratifying that some members of the Consultant and teaching staff take an active interest in our education. Both the 2nd M.B. and pre-clinical courses have benefited in recent years from experiment and interest by those concerned in teaching The introduction of voluntary attendance at lectures has already resulted in discussion with the Departments of Social Medicine and Psychiatry in formulating a course of lectures followed by a multi-choice exam, which it is hoped will be of mutual benefit Plans are also being made, in conjunction with the General Practitioners' Unit, to attract more final year students in spending a period of time working in General Practice

The S.M.E.C. has a meeting during the first week of each month, to which all Medical Students are encouraged to attend and to which members of the teaching staff are invited. So shall we not argue as to who pays for whose education but call for constructive suggestions with regard to the medical course.

Richard S. Trompeter, Hon. Secretary.

CORRESPONDENCE

Retirement of Mr. Osborn

SIR,—As many of your readers will know, Mr. Osborn will be retiring on 5th February, 1969, after forty years of devoted service to this Hospital, during the greater part of which he has been our valued Chief Technician in the Department of Clinical Microscopy.

We feel sure that there must be many members of the Guy's community—both past and present—who have from time to time enjoyed the benefit of his wise advice and technical skill, and who would wish to mark his retirement in a tangible way. Donations for this purpose should be sent to Dr. Missen in the Department of Pathology. Crossed cheques should be made payable to "The G.H. Osborn Presentation Fund."

Yours, etc.,

S. DE NAVASQUEZ.
G. A. K. MISSEN.

Department of Clinical Microscopy,
Guy's Hospital,
London, S.E.1.

Memo to Mims

SIR,—If Mr. Cullom, Editor of *Mims*, will read again my articles on the cost of drugs, he will find, I think, that they are not "mainly concerned" with costs in the hospital service, but are about the responsibilities of all prescribers. In this hospital over the last two years, special efforts have been made to curb prescribing costs by informing prescribers of the relative prices of otherwise comparable drugs, and there is evidence that this has been very successful. I agreed to write the article because I believed that such information would have a useful effect beyond the boundaries of Guy's.

The decision by a doctor to prescribe a particular drug is largely a matter of " therapeutic criteria " as Mr. Cullom suggests, but this is not confined to teaching hospitals. One hopes that every doctor makes a rational decision about the need for every drug he prescribes. When several drugs of equal efficacy exist, it is only commonsense to choose the cheapest one, and unfortunately *Mims* is so ubiquitous that it is very frequently used as a source of this choice. While some indication of the relative costs can be obtained from *Mims*, it must be remembered that every drug therein is a proprietary preparation. For the great majority of prescriptions, an efficient non-proprietary preparation can be used. These are cheaper, and not to be found in *Mims*.

Yours, etc.,

R. K. KNIGHT.

Guy's Hospital,
London, S.E.1.

Gad Sir!

SIR,—How are the mighty falling! I never expected to see our revered tie on sale to all and sundry on the counters of our ubiquitous Woolworths. I felt I should buy up the whole stock to prevent them being worn by lesser mortals!

Yours, etc.,

BERNARD PROBERT.

10, South Street,
St. Austell, Cornwall.

Letter from America

SIR,—I flew into New York last Thursday on a chartered flight arranged by British Universities North America Club, the cost of the fare, £60 return, which probably compares favourably with the cost of the items mentioned in Mr. Alan Coulson's letter (*Gazette*, 7th December), I like to add that we had free champagne from Rheims and excellent quality steak.

There was no evidence, as shown by the number of pedestrians in the streets and the road traffic, that New York was severely hit by "Mao's virus" or succumbing to Hong Kong 'flu. Street vendors of hot Bergls and chestnuts had a brisk business, and the windows of New York's residential areas were well lit with Menoraks and Christmas trees. New York State certainly reflected the mirage of a festive season. With the flight of Apollo 8 to the moon as a main topic in the daily Press, one could hardly wish for a more romantic setting.

On Christmas Eve I saw an excellent recording on the television screen of C.B.S. 2 of the spacecraft doing its circuit around the moon. Through a triangular opening, the moon surface with its craters appeared as a well-lit ball. Words such as "sea of crisis" were heard, the seas are the flat areas between the large newly bombarded areas. There was excellent communication between Houston and Apollo 8. The words of Col. Frank Borman and Captain James A. Lovell, jnr., could be heard clearly in the sound waves. A reading by one of the astronauts from the creation story in Genesis terminated the transmission, and with it a chapter in my life's story.

Yours, etc.,

HENRY WINDSLEY.

Seventh Avenue,
at Fifty-Fifth Street,
New York N.Y. 10019.

Boerhaave

SIR,—The tercentenary of the birth of Herman Boerhaave, "the Dutch Hippocrates," who taught at Leyden University from 1701 to 1738, fell on 31st December, 1968. His influence on the teaching of medicine in the 18th and early 19th centuries was great and beneficial, affecting particularly the medical schools of Edinburgh, Göttingen and Vienna—and Guy's, as an 18th century foundation did not escape it. Richard Mead had been a student at Leyden before the time of Boerhaave, but the first three physicians appointed to the staff—John Oldfield (1725), James Jurin (1725) and Matthew Clarke (1731)—were at Leyden when Boerhaave was its foremost teacher.

It would be a pity if the tercentenary were allowed to pass without his influence on the hospital being recalled; but, and more important, this is part of the early history of Guy's which might repay re-examination in the light of fresh historical knowledge on Boerhaave and his work.

Yours, etc.,

HUW W. S. FRANCIS.

3, Lidgett Walk,
Leeds, LS8 1NW.

BOOK REVIEWS

OPHTHALMOLOGY

by Kenneth Wybar. Balliere Tindall and Cassell. 25/-.

The purpose of this book is to provide a concise account of the basic features of Ophthalmology and this aim is exceedingly well accomplished.

The book will be of particular value not only to those with little or no previous knowledge of the subject, but also the Medical Practitioner who will find it a most worthwhile addition to his medical library.

As the author himself points out, it is not possible in a book of this size to illustrate the subject matter adequately, but the clear manner of presentation does much to compensate for this defect, and the book is most certainly to be strongly recommended for both medical students and medical practitioners.

CHARLES A. COOK.

THE CHROMOSOME DISORDERS. AN INTRODUCTION FOR CLINICIANS

by G. H. Valentine. William Heinemann Medical Books Ltd. London. 1966. 25/-.

This book is written in clear and pleasant style. The clinical chapters show a good deal of clinical commonsense. The chapter on the applications of the dermal ridge patterns is quite useful, and the illustrations are in general of good quality. Unfortunately, however, the author is not accurate enough in presenting cytogenetic data. The chapter on the normal cell division, for instance, as well as the explanations of the origin of the chromosome structural abnormalities and the section on translocation mongols, are to some extent misleading. The readers should also disregard the small paragraph entitled " Semi-mongols with partial deletion ".

In general the book is easy to read and informative, but the reader should be aware that this work is far from being the gospel, at least from a cytogeneticist's point of view.

F.G.

HUMAN CHROMOSOMES. AN ILLUSTRATED INTRODUCTION TO HUMAN CYTOGENETICS

by Audrey Bishop and Patricia Cooke. William Heinemann Medical Books Ltd., London. 1966. 8s. 6d.

This book, rather than being an introduction to human cytogenetics, is a superficial and incomplete survey of the chromosome abnormalities found in man. One of the most common trisomies, that responsible for the Patau's syndrome, is not even mentioned in the book. The technical terms used in the text are not always explained, and the glossary provided at the end of the book deals only with clinical terms.

A busy doctor, medical student or nurse could read it in an hour and get some idea of the chromosome abnormalities most commonly found in man, and thus become familiar with the appearance of the human chromosomes. However, the price of the book in relation to the information that it contains is very high indeed.

F.G.

MAY AND WORTH'S MANUAL OF DISEASES OF THE EYE

13th edition, 1968. by T. K. Lyle, A. G. Cross and Charles A. G. Cook. Bailliere, Tindall & Cassell. 796 pp. 70/- net.

This new edition of that classic work of ophthalmology—May and Worth maintains its exceptional quality. The whole of ophthalmology is dealt with with great clarity and thoroughness, profusely illustrated (with some 330 black and white figures and 23 colour plates). The book shows evidence of a thorough revision, and has been generally brought up to date. Modern surgical tech-

The worst ink is better than the best memory

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niques, especially in the management of cataract and of retinal separation, have been included, and the use of modern antibiotics in ocular therapeutics has been reviewed. Three full chapters on optics have been re-written by Mr. Montague Ruben, and covers all aspects of this subject relevant to practising ophthalmology. There is an agreeable emphasis on ocular manifestations of general disease. This admirable work will be of great value to those beginning to specialize in ophthalmology, and will also serve as a useful work of reference to physicians and surgeons working primarily in other branches of medicine. It will also be ideal for the medical student having a particular interest in ophthalmology, although it will probably prove to be too detailed and too expensive for very wide use among the main body of undergraduates.

ORTHOPAEDICS FOR THE UNDERGRADUATE.

W. A. Crabbe, M.D., F.R.C.S. Heinemann, 32s

This is an excellent little book. In a review of this kind one usually seeks for errors and omissions, but I have been unable to find any, even by the printer. Mr. Crabbe has succeeded in producing a textbook which provides the student and registrar, and even perhaps the surgeon, with a clear and concise account of orthopaedic surgery, and without having sacrificed clarity for conciseness. There is, for example, an excellent and full account of rheumatoid arthritis and its management, including a clear description of the various drugs which can be used in this condition. The line drawings are excellent and clear, and the historical notes at the bottom of the pages of those whose names are attached to a condition or procedure provide the student with valuable information which is not available in many books. I am sure that this book will be a great success, and I recommend it most heartily.

PARTIAL DENTURES

by J. Osborne and G. A. Lammie.

This book has now reached its third edition. The general format remains the same as before, but the text has been completely revised and many photographs have been renewed.

The authors' main object is to point out that partial denture design must be aimed at assisting in the preservation of the natural teeth rather than supplying a "full denture with holes in it". To this end almost a quarter of the book is devoted to the physiology and pathology of occlusion with concise sections on diagnosis, treatment planning and mouth preparation. Further, a completely new chapter has been added on periodontal disease. The importance of this topic in the context of denture design cannot be over emphasised. However, students especially those starting their course, should note that the contents of this chapter are based on the new thoughts of one of the authors. It is admitted in the text that these thoughts are hypothetical, still requiring experimental proof. It is rather a pity that the concept which is advanced has been introduced into a book which is widely used by students in the early part of their course, when there is a possibility of causing confusion. However, it may prove stimulating later on, once the more orthodox views have been assimilated.

The section on design is based on the Kennedy classification. The text, diagrams and photographs are admirably clear. The authors' approach reflect their opinion that simplicity in design is to be preferred.

The reviewer was greatly impressed by the authors' decision to omit extensive discussion on internal (precision) attachments, on the grounds that their experience with these components is limited. The general impression given is that the contents of this book are based firmly on the authors' considerable practical experience. This should give encouragement to students using this book in an attempt to sort out the apparent complexities of denture design.

By printing the chapter sub-headings in bolder type than in previous editions, the text has been made easier to read. However, the student might benefit from a summary of the main points, particularly at the end of the longer chapters.

The authors have revised and enlarged the references to the literature, which are found at the end of each section; these are also referred to in the text. This increases the value of this volume to both the enquiring student and postgraduate.

Osborne and Lammies' "Partial Dentures" has deservedly become a standard British textbook. It is to be highly recommended.

F. J. FAIGENBLUM.

SPORT

RUGBY

GUY'S v. ESHER

At Hersham. Saturday, 21st December, 1968.

Result: Won 17—13.

With parts of the field at Esher under water, Guy's faced their hosts on a comparatively firm side pitch on a dry, sunny day. The Hospital's fifteen shared changes in that W. Davis returned to full back following removal of a knee cartilage; Carter Croft was at scrum-half in the absence of Merrett, and R. Burt came into the pack for C. Neville, who was unavailable. Esher had been having quite a successful season, scoring a large number of tries, and it was soon apparent that their three-quarters were a spritely attacking fare. Guy's only match for three weeks was lost to Streatham, and there was a need to find winning form.

The Hospital's pack started well and soon established a good territorial position. Handling was not too certain at first, and several moves broke down from the set piece. The pressure by the forwards should have brought returns when the Hospital were awarded two penalties from kickable positions within the Esher "25." Elliot was unfortunately lacking in accuracy. By contrast, the same player was punting well and stretched the Esher defence with high diagonal kicks to either touchline. With play still running in the Hospital's favour, further infringements by Esher gave Guy's a penalty close to the "25" and half-way out. On this occasion, Davis was called up, and accepting the challenge, he put the ball into a somewhat meandering orbit through the posts. Esher persisted in their errors, and Davis put the Hospital further ahead with another successful kick and also inspired Elliot to score with a penalty from far out. Glimpses of running from the Esher halves threatened at times, but the Hospital's defence was firm and Guy's were first to cross the line. From a loose ruck, Smith snatched up a pass to his feet on the blind side and put Novak well away. The latter showed almost forgotten speed and determinedly ran through two tackles to the line. Davis converted.

The Hospital's fourteen point lead at the interval seemed substantial, but rather disjointed play by the pack and indifferent cover defence saw Esher soon reduce this margin. The Esher forwards, who had been giving their three-quarters poor possession in the first half, now improved. Strong running by the opposing fly-half and centres found gaps, and two tries, both converted, soon resulted. The Hospital still had their attacking chances, but the efforts were often by the individual only and there was a noticeable lack of timed distribution of the ball when the support was there. Good breaks by Smith and Croft were wasted in this way. Yet another penalty goal kicked by Davis relieved mounting anxieties on the touchline, and although Esher were also able to add points to their total in the same manner, "no-side" came without further addition.

It was disappointing that Guy's should only cross the line once, but their penalty points were scored from positions of territorial advantage and often for frustrating offside infringements. It was reassuring to have two place-kickers in the fifteen again, and it is to be hoped that quicker and more precise movements amongst the backs will call upon their services more frequently.

Team: W. W. Davis; J. Novak, J. Price, D. Smith, J. Ross; D. Elliot, C. Croft; J. E. Davies (captain), G. Hey, A. Addison, R. Burt, J. Stoneham, P. Williams, M. Cockburn, R. Blackwood.

I. A. BAKER.

GUY'S v. PLYMOUTH ALBION

At H.O.P., January 11th.

Won: 17—6.

Although the conditions underfoot were atrocious, Guy's, in their first game for three weeks, played some extremely competent and entertaining rugby to beat a tough West Country side by 17 points to 6.

The ground was waterlogged and soon the centre of the field was turned into a quagmire in which the two packs fought a hard, and somewhat heated battle. Though the Guy's forwards were slightly outplayed in the set pieces, they more than made up for this by their storming play in the loose. It was as a result of a fierce forward rush and a fine loose ruck under the posts that the ball was whipped quickly out to Neville, who charged over in the corner to open the scoring. Elliott brilliantly converted from the touch line.

By half-time, however, Plymouth had taken the lead with two well kicked penalty goals, and were showing themselves to be a pretty tough outfit. Some devastating tackling by the Guy's backs, especially Shutes, was beginning to demoralise them at half-time.

In the second half, Guy's came close to crossing the line several times through runs by Price and Ross, and there were some fine forward rushes. However, it was left to Davies to trot up nonchalently from full back on four occasions to knock over penalties in his immaculate style, to give Guy's the convincing victory they deserved.

Team: W. Davies; Shutes, Price, Smith, Ross; Elliott, Merrett, J. Davies, Hey, Addison; Challecombe, Burt; P. Williams, Neville, Blackwood.

HOCKEY

GUY'S v. U.C.H.

1st Round of U.H. Cup.

November 20th, at H.O.P.

Result: Won 4—0.

Although this was a good result from the score-line point of view, it was a disappointing match as far as the players were concerned. As so often happens when playing against a poorer side, Guy's lowered the standard of their game, and poor passing and unintelligent play dominated a rather one-sided match.

The ball, in fact, rarely came into the Guy's half, and when it did it was in a rather agricultural manner. After about 15 minutes of pressure, U.C.H. conceded their first short corner, and our "man" Crafts put it crisply between the posts. Soon after, Burns made it two with another well hit shot from a narrow angle. After the interval, Clark persuaded the third in with the help of a defender. Crafts, who is now asking for a bonus scheme, put in the fourth from another beautiful short corner.

Our passes to the opposition and muddling remained as good as ever until the whistle, Clark being denied our fifth goal after the umpires had an action replay with their stop-watches.

Man of the match award to R. Clark, who was faultless in goal—he only touched the ball once and said that that had been a mistake! Tooth of the match award to R. Goodhart, c/o Guy's Dental Department.

Team: R. Clark; M. Vellacott, D. Crafts; R. Goodhart, C. Pearson, R. Kendrick (captain), A. Godfrey, R. Burns, R. Clark, S. Cripps, A. Winskill.

S. N. Cripps.

BOAT CLUB

THE GURNEY SCULLING TROPHY

This is an annual event open only to Guy's oarsmen. The trophy was donated some years ago by Mr. D. Gurney, coach and vice-president of the Boat Club.

There are two divisions, senior and junior, according to whether or not an oarsman has won a sculling event before.

JUNIOR DIVISION

J. C. Miller P. D. Robinson	P. D. Robinson	P. D. Robinson
M. J. Gleeson M. J. Brownjohn	M. J. Gleeson	

The course was from Chiswick Ayot to the University Boathouse and was rowed in gig sculling boats. J. C. Miller met P. D. Robinson in the first heat, the latter winning by a narrow margin of 1½ lengths. The second heat between M. Gleeson and M. Brownjohn eventually got under way after nothing but chaos at the start. A clash of blades about half way and a speedy change of station did little to alter the result, which was a win for M. Gleeson by 1 length. In the final M. Gleeson drawn against a fitter and slightly more experienced sculler did well to hold onto P. D. Robinson, who won the event by a good 3 lengths.

After several people had scratched from the Senior Division P. W. Gooder was left with a row-over. However, a sporting challenge by the winner of the Junior Division made the row-over more exciting if not surprising. Gooder, a very experienced and competent sculler, lost by about 1½ lengths to P. Robinson, who sculled extremely strongly. Gooder, however, was in an inferior boat, and both scullers had to make a detour to avoid obstructing boats in the middle of the river.

The winner of each division receives an inscribed pint tankard.

WATER-POLO

UNITED HOSPITALS LEAGUE

October 29th.

Guy's I were playing Mary's, who have won the League for several consecutive seasons, and who are very strong again this year. Challacombe's absence weakened the team, but Mr. and Mrs. Campbell were very welcome supporters. Guy's started well and Mary's were only one goal up after the first quarter. Their best player was kept in check, but in the third quarter they put in four goals which boosted the final score to a rather less healthy 0—9. But to concede anything less than ten goals against this Mary's side is not at all bad.

Team: Howard, Northcott, Adkins, Bevis, Davidson.

Guy's II beat Charing Cross 8—4. Bevis's strong forward play brought him several goals and others were scored by Adkins and Davidson.

Team: Wright, Aspin, Davidson, Adkins, Bevis.

Guy's III lost to Bart's 2—6. Team: Bowering, Cottrill, Yetton, Clark, Monson.

November 1st.

Guy's III beat the London 7—2. The Freshers have at least learned whom they absolutely must beat. Cottrill and Yetton can evidently both shoot, but a bit more swimming would be rewarded.

Team: Bowering, Cottrill, Yetton, Clark, Gilbert.

November 5th.

Guy's I were playing old rivals, the London, expecting to win, and did win quite comfortably. The scoring could not be left to Challacombe, as he only found enough unpenalised time to score one. Northcott scored the rest in the 5—2 win.

Team: Howard, Challacombe, Northcott, Adkins, Bevis.

November 12th.

Guy's I were playing King's. This was an important match in that King's looked the strongest threat to Guy's second position in the League. Challacombe showed at once that he was in top scoring mood, scoring several early on, and it seemed like being an overwhelming win. But King's always managed to remain remotely in touch, thanks partly to two penalties conceded by Guy's. In fact, it was probably a good job Challacombe did keep scoring—he got six plus one excellent deflection worked by him and Davidson, and Northcott got three in the total score of 10—5.

Team: Howard, Challacombe, Northcott, Davidson, Adkins, Bevis.

Guy's III played well in an exciting game to beat Mary's by 3—2.

Team: Bowering, Cottrill, Gilbert, Clark, Yetton.

HOSPITAL INFORMATION

HOSPITAL APPOINTMENTS

GUY'S HOSPITAL

Applications are invited for the post of **Medical Registrar** with duties to commence on 1st March 1969, or as soon as possible thereafter, and appointment until 30th September, 1969 in the first instance. Applicants should hold the Membership of one of the Royal Colleges. Forms of application are obtainable from the Superintendent, and should be returned not later than **27th January, 1969.**

PERSONAL

Miss Emily Macmanus thanks those Guy's men and women who have so kindly remembered her this Christmas. She wishes them happiness and every blessing in 1969.

PARTNERSHIP, after introductory period, offered young energetic colleague in well established Guy's 3 man Group practice, 4 surgeries, laboratory, etc. Modernised Georgian House, Hampshire Coast Town. Full clinical freedom, friendly atmosphere, partners remuneration related to own gross takings. Box No. 1/1.

CHANGE OF ADDRESS

C. E. A. Holden, 10 Beadon Road, Bromley, Kent, BR2 9AT. Tel: 01-460 7399.

D. London, Esq., The Welsh National School of Medicine, University of Wales, Dental School, Heath, Cardiff. Tel: 53288.

Jane Rabbidge (Miss) 4 Chenies House, 37, Moscow Road, London, W.2.

R. A. J. Shaw, L.D.S., R.C.S., 205, Combe Lane, Wimbledon, S.W.20.

Norma and Patrick Tatford, 38 Stone Road, Bromley, Kent, BR2 9AU. Tel: 01-460 1061.

BIRTH

STEPHENSON—On 15th December, 1968, at Southmead Hospital, Bristol to Cynthia and Christopher Stephenson, F.D.S.R.C.S., a son, Robert Ben, a brother for Lucy.

DEATHS

GRAY—On 26th December, St. George B. Delisle Gray peacefully at his own home.

GREENE—On December 15th, 1968, at Rochester, Charles William Greene, M.B., M.Chir., F.R.C.S., aged 87 years.

JOLLIFFE—On January 1st, 1969, at 83, London Road, Rayleigh, Essex, Stanley Albert Jolliffe, L.M.S.S.A., London, aged 44 years.

KENDALL—On December 29th, 1968, in Harwich and District Hospital, John Hawkins Kendall, L.D.S.R.C.S., England, of 18, Marine Parade, Dovercourt, Essex, aged 57 years.

KENT—On December 17th, 1968 at his home, Melliker, Westleigh Drive, Bickley, Kent, John Victor Kent, M.R.C.S., L.R.C.P., D.M.R.D., at the age of 47 years.

MacMANUS—On Friday, 22nd November, 1968, suddenly at his home 53 Chester Square, S.W.1., aged 80. Beloved husband of Lesley MacManus and much-loved father of Niall and Mawe.

PALMER—John Morton, aged 47 on 23rd November, 1968 in Swandean Hospital, Worthing, after a long illness.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT SISTER MAVIS

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2101

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Hash

The phrase "non-event" has assumed a peculiar importance in the assessment of the various events thrust upon us by relentless mass media. The non-event is written up at great length by the press, televised and re-televised in its entirety, and generally presented as of great relevance to our personal or communal existences. On closer inspection they have no importance whatsoever. Press conferences are frequently non-events along with Cabinet reshuffles, party congresses, and statements by strange people known as "personalities". Non-events are closely allied to non-issues, about which we are all assumed to feel very strongly. They are usually minor issues which journalists find to argue about when confronted with nothing else to do. Experts are commissioned to review the situation, appear on erudite television programmes and take part in earnest debates and teach-ins. Most people become rapidly bored with the whole topic.

A good example of the ridiculously inflammatory effects of the exposure of a relatively simple issue to hysterical mass-propagation, is the question of the legalisation of cannabis. It would be sheer lunacy, and yet the fiery debates rage. It would prove impossible to legislate against the use of tobacco or alcohol, but this can hardly be taken as sufficient grounds for inviting the use of other addictive hallucinogens.

It would appear in the light of the above that society is faced with a dearth of valid issues about which to pursue constructive argument. Party politics would appear to be a rapid convergence to a

fairly insipid mean, religion is unfashionable in the organised variety, and even homosexuality is no longer discriminated against.

Against all this one can set the great international events confronting us: world population control, poverty, peaceful co-existence and the ultimate conquest of space are some of the slightly more urgent problems facing mankind. A little less morbid introspection and a more virile vital approach to the events of true import would benefit many of those concerned with the magnification and dissemination of meaningless trivia, in whatever form it may take.

. . . . things that go bump in the night . . .

Recent rumours have suggested the emergence of supernatural beings in Hunt's House. These have been variously described as ghostly figures, mysterious footsteps and sudden inexplicable gusts of icy wind, all reputedly witnessed by the most sane and respectable of night staff. Any reader with experience of these phenomena (preferably first-hand), is invited to air his or her views on the subject. Crucifixes, garlic and asofoetida grass will be presented as suitable demon-repellants to the writers of the most convincing letters.

Rose Ball

The 1969 Rose Ball was held on the evening of January 17th, at the Savoy Hotel. The guests were received by Mrs. C. G. Baker.

Some 370 people sat down to an excellent meal, followed by dancing to Sid Phillips and his band, and the Jam Sandwich. Miss Dawn Barry provided the cabaret.

A list of those companies who were kind enough to provide prizes for the Tombola stall is printed elsewhere in this issue of the *Gazette*.

Professor Francis Camps.

The Swiney Prize for Medical Jurisprudence has been awarded to Professor Francis E. Camps, M.D., M.R.C.P., F.C.Path., for his work as Editor of the second edition of "Gradwohl's Legal Medicine", published in 1968.

The Swiney Prize is awarded once every five years for the best published work on, alternatively, General and Medical Jurisprudence. It consists of a silver cup and a sum of money.

We offer our congratulations to Professor Camps, proud of the fact that he qualified at Guy's.

The Swiney Prize is awarded by a joint Committee formed by the Royal Society of Arts and the Royal College of Physicians. It commemorates Dr. George Swiney, an Edinburgh Doctor, who died in 1844, leaving money to establish the prize. Dr. Swiney's life of obscurity was illuminated by the eccentricity of his funeral, at which his coffin, draped in yellow velvet, was attended by three gaily-dressed young girls.

Another First

Recently a further advance on the medical front was notched up at a well-known peripheral hospital in S.E. London. In their new "fish tank" optimal observation unit, the patient was noted to be failing rapidly, presumably due to increasing anoxia. The full resuscitation team was alerted by the nursing staff, and the patient put on continuous monitoring of the usual parameters. When deterioration of vital functions was considered to be at a near irreversible level (in spite of intensive nursing care, involving careful dietary regulation and ensuring complete hydration), the cardiac arrest team was called in.

This team of highly skilled medical staff instituted immediate measures involving continuous oxygen therapy, external cardiac massage, and even mouth-to-mouth ventilation. Endotracheal tubing was considered to be anatomically and physiologically impossible. This admirable regime paid off, and soon the immediate danger was past. At this the staff were heard to breathe immense sighs of relief, while Goldie, the Goldfish, blew thankful bubbles to his rescuers.

Recent literature shows few similar cases. A hedgehog was resuscitated in the field (so to speak), but this appears to be the first recorded case of such measures being successful in a member of the Teleost order.

We must comment finally on the unfortunate involvement of the lay-press in this matter. It is to be hoped that any further episodes of this nature will be communicated direct to the Medical Press.

We are grateful to our usual "Reliable Source of Information" for rescuing this stirring affair from obscurity.

GUY'S DIARY

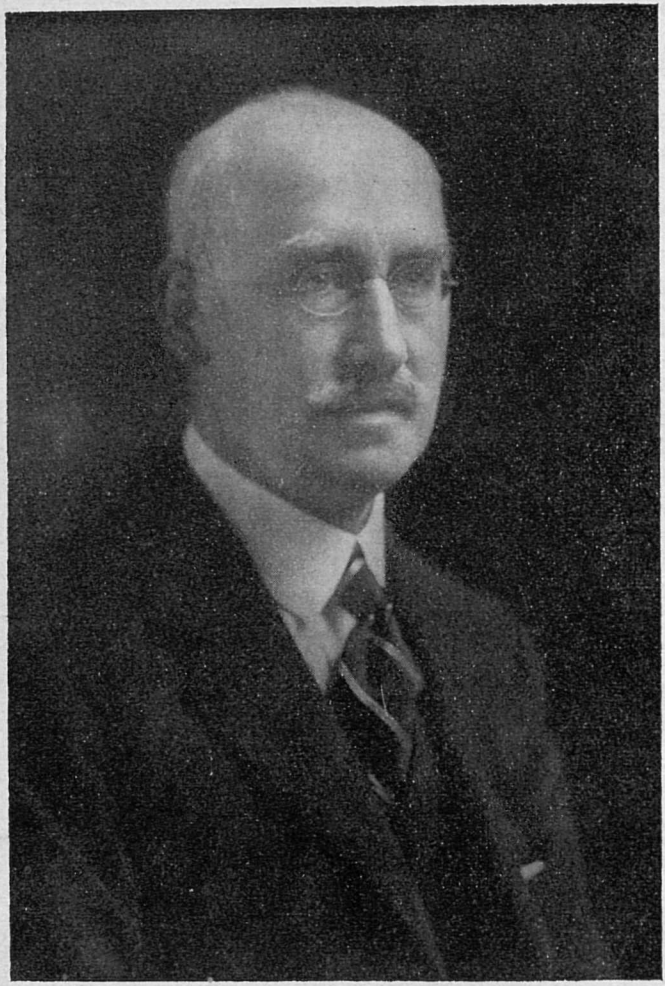
FEBRUARY

3	M.	1.00	Clinical Lecture. Mr. CRABBE. "Some Diseases of the Vertebral Column."
4	Tu.	1.00	Clinical Lecture. Dr. MANN.
6	Th.	1.00	Clinical Lecture. Dr. HARDWICK. "The Treatment of Diabetes."
7	F.	1.00	Clinical Lecture. Dr. STAFFORD-CLARK. "Time Out of Mind—A Preview."
		2.15	Combined Round in the Pre-Clinical Classroom. Chairman : Dr. MACKENZIE.
11	Tu.	1.00	Clinical Lecture. Professor SIR HEDLEY ATKINS. "Cancer of the Breast."
13	Th.	1.00	Clinical Lecture. Mr. GLOVER.
14	F.	1.00	Clinical Lecture. Dr. MACLEAN. "The Use and Abuse of Corticosteroids."
		2.15	Combined Round in the Pre-Clinical Classroom. Chairman : Dr. HOUSTON.

Exhibitions in the Gordon Museum—February :

Catheterisation.
The Problem of Missing Anterior Teeth.
Pathology Quiz No. 4.

OBITUARY



Sir Francis Shipway, K.C.V.O., M.A., M.D., F.F.A., R.C.S.

By the death of Sir Francis Shipway on the 30th November at the age of 92, Guy's loses the only Consultant Anaesthetist Emeritus. Few now will remember him as after retirement in 1935 he lived quietly at Henley-on-Thames.

Shipway was appointed to the staff in 1908. His medical training was at Christ's College, Cambridge, St. Thomas's Hospital, and post-graduate work in Vienna.

Early in his career as an anaesthetist, Shipway became dissatisfied with the routine "rag and bottle" technique. He realized that patients were required to breath ice-cold droplets of ether from a mask coated with hoar-frost. No one had considered latent heat of evaporation as a cooling factor when pouring pounds of ether on to a gauze mask. With help from the physiologist, Mr. S. Pembrey, Shipway devised an apparatus which would deliver a true vapour to the patient. Air from hand bellows carried ether vapour from a Wolf's bottle to a U-tube immersed in hot water in a thermos flask. Shipway claimed the patient received "warm ether vapour", but it is now realised it was at room temperature. Nevertheless, "Shipway's Apparatus" was a turning point in technique which led to the rapid eclipse of the "rag and bottle". He next devised a more sophisticated power-driven vaporizer for endotracheal anaesthesia which remained in routine use here for many years.

Shipway took a lively interest in new drugs. When Bromethol (Avertin) was introduced, he recognised how rectal narcosis allowed a patient to fall asleep comfortably in bed and be spared the journey to an anaesthetic room and a possibly stifling inhalation induction. For thyrotoxic patients bromethol in bed in the ward became standard pre-operative sedation. When the writer was an anaesthetic clerk, Shipway was interested in ethylene as a replacement for nitrous oxide. His meticulous care in note-taking and clinical observation taught us much more than just an anaesthetic technique.

Shipway's skill and care for patients was recognised when he was chosen to give the anaesthetics to King George V for two thoracic operations in 1928 : he was appointed K.C.V.O. a year later.

Forty years ago, when Shipway was at his prime, the staff structure at Guy's was different. There were many fewer consultants—all honorary—and only seventeen residents. In anaesthesia, Shipway was an autocrat and he had no compunction in cancelling cases if, after a ward visit, he thought it in the patient's interest. This led on occasions to a clash of personalities with some of the surgeons.

During the sixteen years Shipway was senior anaesthetist, he introduced to Guy's every reasonable advance in anaesthesia, for he had been president of the section of anaesthetics of the Royal Society of Medicine in 1926 and again at the Centenary Meeting of the British Medical Association in 1932. The three consultants of Shipway's day have now risen to ten, but although the language and techniques have changed, his care and handling of patients remains as a permanent memorial.

W. S. McConnell.

DECOMPRESSION SICKNESS

by

R. A. F. Cox.

If a patient with decompression sickness is seen in the wards of Guy's Hospital, then he is in the wrong place and having the wrong treatment. It follows, therefore, that very few students will have seen a case of "the bends", and indeed most doctors will retire from their professional life without seeing a case. However, the number of persons working with compressed air nowadays is much greater, and likely to increase. More and more people are taking up skin-diving; there are hundreds of men employed on tunnelling projects ; the search for gas off-shore has brought a great many divers to the North Sea ; and in the future there will undoubtedly be greater exploitation of man's underwater environment. It therefore behoves us to be fully acquainted with the problems of decompression sickness.

Pathology.

It is now accepted that the cause of "the bends" is the formation of bubbles of nitrogen in the tissues as the pressure is reduced. Since fatty tissue preferentially absorbs nitrogen, most of the symptoms are referable to those structures which contain most fat, for example—the central nervous system, the skin and the joints. (The joints themselves, of course, do not contain fat but there are always fatty pads in association with them.) Air may also gain entry into the circulatory system and cause death or paralysis from massive air embolism. Finally, there is the condition of aseptic necrosis of bone which occurs in patients who have been exposed to compressed air. This is a death and collapse of bone most commonly occurring at the upper end of the humerus and upper end of the femur, but also occurring elsewhere, and sometimes occurring in the shafts of these bones. When it occurs in association with a joint surface it causes acute symptoms, but when it occurs in the shaft of a bone it is usually symptomless and only revealed by X-ray.

Symptoms.

The mildest form of acute "bends" consists of mild discomfort in the limbs ; this the divers or compressed air workers usually refer to as "the niggles". There may also be skin mottling and irritation, and this may go on to more severe limb pain, usually in the region of joints.

The more severe acute forms of decompression sickness consist of varying central nervous system symptoms from severe vertigo to unconsciousness or total paralysis. Headache, visual disturbances and paraesthesiae are common ; more severe still, may be dyspnoea, anginal-like pain, collapse, coma or death.

The symptoms almost always occur within 1—2 hours of decompression, but may rarely be delayed as long as 24 hours.

Treatment

The only treatment is adequate recompression. The pressure will depend on the severity of the bend, and the pressure to which the patient has been exposed. As recompression proceeds the symptoms will usually be dramatically relieved, and decompression then proceeds according to the Royal Navy Therapeutic Recompression Tables.

Should any complications occur, these must be treated while the patient remains under pressure. If a pneumothorax has to be relieved, or circulatory collapse corrected by the infusion of Dextran or plasma, it will need to be done in the decompression chamber.

Two Case Histories.

M.H.—diver working in the North Sea—spent 24 minutes at 230 feet, then surfaced according to the standard tables. Twenty minutes after resurfacing he reported pain in his right shoulder. He was put in a decompression chamber and recompressed according to the United States Diving Table 1a. However, by the time he had reached the equivalent of 50 feet of sea water the pain had been relieved. Two hours after this recompression the pain re-occurred, this time in the right knee and extended up his right thigh to the right hip. Three hours later the pain was still present in the right knee and becoming worse. He commenced a further therapeutic dive in the chamber, again on the same table. Again the pain was relieved at 50 feet. After surfacing from this dive the pain recurred 10 minutes later, and he was recompressed again, this time the pain not being relieved until he reached 100 feet. At this point he was taken down to 165 feet and decompressed on the United States Navy Table III as far as 30 feet, and thereafter on Table IV using oxygen. He came out of the decompression chamber free of symptoms, apart from a slight feeling of warmness around the right knee. He had spent a little under 36 hours in the decompression chamber altogether.

On examination after his final decompression, no abnormalities were detected in any system. His blood pressure was 110/60. There were no symptoms and no signs to be found on careful examination of his central nervous system, cardiovascular system and respiratory systems. No abnormalities were detected when he was examined again two weeks later. This man appeared to have made a complete recovery.

J.A.—This man dived to a depth of 80 feet off the Algerian coast, staying there for 20 minutes using twin cylinders of air. The supply of air was exhausted sooner than he expected, and the diver needed to surface after only 20 minutes. Ten minutes after reaching the surface he complained of a numbness in his right arm, and then a "creepy" feeling all over him. He also complained of some chest pain and then passed out. He remembers nothing more until he woke up ashore in hospital where he had no feeling below his waist, and inability to pass water. He had a remaining numbness of his right arm. He was given a number of injections and kept at rest for several days. After four or five days sensation began to return to his legs. The diagnosis made at this time was that he had been stung

by a fish. Eighteen days later he still complained of difficulty in walking, and inability to distinguish hot from cold in both legs, and also felt weak and shaky, and was impotent.

On examination his cardiovascular, respiratory and alimentary systems were all normal. In his central nervous system his cranial nerves were normal, but he had diminished power in both the right arm and the right leg. All reflexes were equal and normal but the right plantar was extensor. He had diminished tactile sensibility over the right arm and right leg, and partially diminished over the left leg. There was diminished sensibility to light touch, and pinprick and temperature sensation, affecting particularly both legs and partially the right forearm.

Comments.

Both these case histories are typical of "bends". In the case of M.H., the diagnosis was correctly established, and the bends correctly treated, except that there was some delay in deciding to recompress after the diver's pain had recurred for the second time.

It is interesting that both these divers dived according to accepted decompression tables but yet both got "bends". This exemplifies the varying factors in the causation of the "bends". Some people seem to be more susceptible to "bends" and factors which no doubt influence this are build (obesity very much predisposing to "bends"), fatigue, alcohol and physical fitness.

In the case of J.A. his symptoms were wrongly attributed to a fish sting. This was because it was assumed that he could not have sustained any decompression sickness as he had dived according to his tables. In fact, this diver suffered from air embolism due to too rapid ascent, and failure to expel air at the same time. Although it was never revealed by chest X-ray, there is no doubt that he sustained pulmonary barotrauma causing air embolism. He either ascended too quickly and without expelling the air contained in his lungs fully, or he sustained a rupture of a pulmonary cyst.. In any case, immediate recompression on Royal Navy Table 5b was the treatment of choice. This man has never fully recovered from this incident, and is unlikely ever to dive again.

Little damage is ever likely to be caused as a result of wrongful recompression but this case illustrates the damage which can occur from failure to recompress in a case of established decompression sickness.

Whenever a diver complains of any symptoms within an hour or two of being exposed to pressure, not only must the diagnosis of decompression sickness be entertained, but there must be incontravertible grounds for rejecting it in favour of another diagnosis if the diver is not to be recompressed. When in doubt the rule is always to recompress.

In the case of M.H., in spite of his "bends" recurring with increasing severity on no fewer than three occasions, when it was adequately treated by recompression this man made a full and complete recovery.

Prevention of the "Bends"

The following treatment would help to reduce the incidence of decompression sickness :—

(1) Routine medical examinations in which prospective divers who are obese are excluded, and an insistence on complete physical fitness.

(2) Carefully controlled and disciplined dives according to well tried tables, and a preparedness to extend the tables in certain cases.

(3) Dives should never be made far from a decompression chamber. "Bends" can occur from the shallowest of dives. Location of the nearest decompression chamber should always be known whenever a dive is contemplated.

(4) An increased awareness of the paramount importance of adequate recompression in the treatment of "bends" would go a long way towards preventing the incapacitating sequelae of decompression sickness. This applies not only to doctors but to the divers and decompression workers themselves.

Aseptic Bone Necrosis.

This is one of the chronic effects of decompression work, along with various neurological and psychiatric disturbances, which can be grouped under the heading of "chronic bends".

Although this can be an extremely disabling complication of work in compressed air, it really falls outside the consideration of acute decompression sickness.

OBITUARY

Dr. R. A. P. Hogbin

It was with great sorrow that we learnt of the sudden death on January 12th of R. A. P. Hogbin, known to his many friends at Guy's, particularly those in the Rugby Club, as "Rusty". He entered Guy's in 1927 and qualified in 1932. He then held the usual house appointments—House-surgeon to Mr. Turner and Mr. Slesinger, E.N.T. House-surgeon to Mr. Mollison, out-patient officer, and House-surgeon to Mr. Davies-Colley and Mr. Doherty—but it was on the rugby field that he excelled, and as a student and houseman he played for the 1st XV from 1928 to 1934. He was one of the finest back-row forwards that Guy's has had, but it was as a superb place-kicker that he contributed so freely to the success of his side. Between 1927/28 and 1933/34 he made 172 appearances for the 1st XV, during which he converted 158 tries, kicked 60 penalty goals and scored 26 tries, a total of 574 points, a record that none has exceeded before or since. When Rusty left Guy's he lived and practised in Teddington and took a great interest in the Old Paulines Rugby Football Club, for whom he played for many years. When he finally retired from active rugby he acted as touch judge for the Old Paulines 1st XV, and when they last visited Honor Oak Park it gave us great pleasure to have Rusty acting for his side on the touch-line.

His many Guy's friends send his wife and family great sympathy in their sudden and unexpected loss.

PHYSICS DEPARTMENT

OPEN DAY

An exhibition of work in progress in both Medical School and Hospital was presented by the Medical School Physics Department on January 3rd, 5th and 6th. On Friday evening, January 3rd, the exhibition was attended by members of the Institute of Physics and of the British Institute of Radiology; and on the following Monday was open to the Hospital and Medical School. Both occasions were very successful, judging by the numbers of visitors and the interest shown; in fact, the exhibition had to be extended to Tuesday to accommodate all those who wished to come.

An interesting feature of the exhibition was the wide range of the demonstrations, from straightforward application of physics, represented for example by coloured radiographs, to the somewhat abstruse and academic techniques of electron spin resonance. Another noticeable feature was the number of projects—well over half those shown—which were being done in collaboration with other departments of the Hospital and Medical School. The teaching demonstrations were of particular interest, in view of the current concern with education, in showing how practical experiments in physics can be adapted to the needs and interests of medical students.

The following demonstrations were represented :—

1. Electron spin resonance in biology and medicine.

(S. J. Wyard, J. P. Elliott, P. J. Redman, W .R. Seary, D. K. Taylor.)

ESR is being used to study (a) radiation damage in biological molecules, including water, hydrogen peroxide, amino acids, DNA and its constituents, (b) free radicals and paramagnetic ions in normal animal tissues and in tumours, (c) the mode of action of drugs (in collaboration with the departments of Biochemistry and Pharmacology).

Demonstration of a low frequency spectroscope (in course of development). Other spectroscopes may be viewed in an adjacent room.

2. Ultrasonic scanning improvements in lateral resolution.

(P. G. Lale—Hospital Physics Department.)

Resolution is improved by using a half-wave plate, or combination of plates. A theoretical and experimental study is in hand to find an optimised combination.

3. Ultrasonic spectroscopy—a new technique.

(J. P. Woodcock.)

Ultrasonic absorption spectroscopy is used to investigate biological and chemical damage caused by ionising radiations.

4. A thermoelectric heat exchanger.

(K. W. Twinn)

A thermoelectric heat exchanger can be used for cooling a patient's blood, and provides easy and rapid control of the blood temperature (apparatus built for the Department of Surgery)

5. Physical apparatus in dental research.

(M. N. Naylor—Dental Department.)

(a) A tooth stimulator, using a thermo-electric element to provide stimuli of varying temperatures.

(b) A tooth stimulator, using electronic circuits to provide square wave electrical pulses of varying amplitude and duration.

(c) An electronic timer to measure reaction times to electrical and thermal stimuli applied to teeth.

(d) An artificial mouth with micro pH electrodes, recording changes in the inter-dentine space with different diets.

(Apparatus used in the Dental Department.)

6. Coloured radiographs.

(D. L. Newman.)

A technique using blue and red filters and a partially reflecting mirror to portray arteries in red and veins in blue.

7. X-ray demonstrations.

(K. W. Twinn and J. R. A. Smith.)

(a) Forensic medicine.

(b) Routine pathological specimens.

(c) Organs for homografts.

(d) Experimental work on animals.

(e) Improvement of reversal radiography.

(f) Investigation of ion density in an X-ray department.

(Work done for several departments in the Medical School and Hospital.)

8. Studies of blood flow.

(R. G. Gosling, D. H. King, D. L. Newman, J. W. Woodcock, J. W. Dellimore.)

(a) Methods for measuring blood velocity in intact vessels. Two of the most exciting developments in this field have been the electromagnetic and the ultrasonic flow meters, which are demonstrated here on a blood-filled test rig. These are the only instruments which allow a direct measurement of the velocity of the blood in an intact artery or vein at each instant throughout the heart beat. We are thus—for the first time—in a position to record the variation in the flow of blood during one cardiac cycle.

(b) Audio-signals in arteriovenous shunts—their use in flow monitoring and possible relevance to clotting. We have shown that the audio-signals detectable in arteriovenous dialysis shunts are due to the development of turbulent flow at bends and cannulae/vein/artery junctions. The frequency and intensity of these signals can be displayed in a sonagram and are specific to each patient. Their use in the continuous monitoring of flow is demonstrated. The device can be set to sound an alarm when flow drops to a pre-determined level (in collaboration with the Department of Surgery).

(c) Induction of atheroma in cockerels as a model for studying alterations in blood flow. A diet of mainly crushed boiled eggs fed to 21 day-old cockerels induces accelerated atherosclerotic lesions with the distribution found in spontaneous occurrence. These lesions are similar to those found in man with respect to distribution and pathological appearance. Some preliminary observations on the changes observed in blood velocity-time functions are illustrated (in collaboration with the Departments of Pathology and of Thoracic Surgery).

(d) Electrical conductivity measurements as an index of packed-cell volume and orientation of red cells in suspension. The electrical conductance of particle suspensions can be related, theoretically, to the shape, orientation and volume concentration of suspended particles. These parameters are very significant with respect to the flow of blood.

9. Measurement of blood viscosity.

(A. W. Gordon.)

An investigation of how the viscosity of blood is influenced by the glucose level during glucose tolerance tests on man (in collaboration with the Department of Physiology).

10. Radio-telemetering electromyography.

(J. Joseph and R. Wainwright—Department of Anatomy; and R. E. George.)

By means of telemetering and electromyography, it is possible to study the action of different muscles of the lower limb and back without using a treadmill or trailing wires (apparatus constructed for Professor J. Joseph and used in the Anatomy Department).

11. The representation of the extracellular field due to the action potential of a muscle fibre *in situ* by a dipole model.

(R. E. George.)

Electromyography potentials are simulated by a simple dipole in a tank containing a conducting medium.

12. Electrical stimulation of nerves—the effect of electrode geometry.

(E. G. C. A. Boyd—Hospital Physics Department.)

Demonstration of apparatus to measure the triggering potential across a nerve membrane for various electrode geometries.

13. Tests of hearing using a transient signal analyser.

(B. A. Milner.)

Bio-electric potentials, generated in response to acoustic stimuli, are analysed by computer averaging techniques, and from the results auditory function can be evaluated.

14. Electrophysiology of bone.

(M. J. Graveney.)

Demonstration of a proposed feed-back control loop regulating bone growth, and some of the experimental justifications, leading on to likely clinical applications (in collaboration with the Department of Orthopaedic Surgery).

15. A search for biological effects of magnetic fields.

(A. M. Roberts.)

Numerous investigators have claimed that the movement of small organisms, such as planaria, mud snails and paramecia, is influenced by static magnetic fields of less than 100 oersted. Such an effect is theoretically improbable, however. An investigation of the orientational response of paramecia to such magnetic fields is in progress.

16. The structure of biological molecules deducted from dielectric measurements.

(S. E. Keefe and G. South.)

The exhibit will display bridges for measuring the dielectric properties of biological solutions from 1kHz to 5 MHz.

17. Teaching Physics to medical students.

(a) Walking and the rigid pendulum.
(b) Errors in physical measurements.
(c) Use of thermistors to measure body temperature.
(d) Oscilloscope presentation of electrical potentials from muscle.
(e) Large-scale demonstration of wave-motion.
(f) Determination of the centre of gravity of the human body.
(g) Determination of the line of weight for the human body in the erect position.

Note : These demonstrations are in the Library at the top end of the Laboratory.

NOTICES

The Medical School Christian Discussion Group

We wish to inform all members of the Guy's community that a Christian Discussion Group meets each week in Classroom 1A in the Medical School. The spectrum of those who come is already wide, we would like it to become wider; doctors, secretaries, technicians, administrative and domestic staff, lecturers and students—all are very welcome, whether persuaded of Christianity or not.

Our programme for this term is :—

TUESDAYS.

Feb. 11.—Mr. H. Redknap, London City Mission : "God's Work with Dustmen."

Feb. 25.—Bishop Laurence Barham, Southwark : "Where does the Old Testament Fit?"

Mar. 1.—Rev. J. F. Scott, St. Mark's, Kennington : "Today's Christian Way of Life."

Mar. 25.—Dr. K. Moynagh, St. Bartholomew's Hospital : "Mental Stress and The Christian."

On alternative Tuesdays there will be a Bible Study, using St. Mark's Gospel as a vehicle for discussion.

The main meetings are from 1.0—1.45 p.m., with coffee and sandwiches served from 12.45 p.m. Discussion meetings are from 1.0—1.45 p.m.

Mr. E. Smith, Hon. Secretary.

CORRESPONDENCE

Week-end Course at the Evelina

SIR,—I should be grateful if you would please include in the next issue of the *Gazette* an announcement that the British Postgraduate Medical Federation will hold a week-end course in paediatrics for general practitioners and local authority medical officers entitled "Developmental and General Paediatrics." This will take place at the Evelina Hospital on Saturday, March 1st, and Sunday morning, March 2nd. Applications for a place on the course should be made to the Hospital Secretary, Evelina Children's Hospital of Guy's Hospital, Southwark Bridge Road, S.E.1, as soon as possible.

Yours, etc.,
B. L. GABBOTT,
Administrative Assistant.

Evelina Hospital,
Southwark Bridge Road,
London, S.E.1.

Students and B.M.S.A.

SIR,—G. Lloyd, in his exhortation to students to send views in to the B.M.S.A., mentions some of the burning issues of the Medical "Scene." May I remind him that it is hard for a Medical Student with all his other pressing commitments to find time to examine each of the subjects and reach a considered opinion. It is harder still to judge how representative such views will be, and it will be almost impossible to convince "Government Departments, M.P.s and the Newspapers" that such views are truly valuable, unless you are prepared to accept polite lip service.

The issues and the alternative possibilities have been well defined in past Conferences. May I suggest to G. Lloyd that a multiple choice questionnaire be drawn up and sent out to each Medical Student. I am sure he will find that there will be a far better response than he can expect from the despairing appeal of January 4th. The figures he would receive would be statistically valid and very valuable. (It would also do the student image quite a bit of good, for the politically disturbed student view that seems to be sought out by television and the Press would be seen as the minority view it is.)

Yours, etc.,
M. G. F. CROWE, M.B., B.Chir.

Tiffany, 7, Rectory Close,
Wokingham.

The Elusive Ainu

SIR,—At a touch the snail retracts its horns and returns to its carapace only to emerge again in its shining pristine glory and try again. Having tried to show some light in my two letters to you headed " Student in Hong-Kong," now yet further errors based on ignorance are expressed in Andrei Calin's otherwise most interesting article on the Elusive Ainu. Since Andrei says in paragraph eight of his article, " This is intended to be a serious anthropoligical discourse . . . " I hope that correction will not be taken unkindly.

Firstly, there is no Buddhist equivalent to Mecca, the Golden Buddha of Kanakura least of all, however Buddhists do make pilgrimages to the Lumbini Gardens where the Blessed Lord was born, to Kusinara, where He died, Buddha Gaya, the site of His Enlightenment, and the Deer Park of Samath near Benares, where he set in motion the Wheel of the Dhamma. All these places and many others, including the Golden Buddha of Kanakura are visited by pilgrims, but there is no "Mecca" of Buddhism. Both man and woman are but pilgrims on the way. Secondly, Andrei says "The last Ainu returned home and we to our Buddhist temple accommodation." Surely having received Buddhist hospitality, it should not have been difficult to get Buddhist facts right. Andrei

says "The first priest began his vigil and as he prayed . . . " There is no such thing as a Buddhist priest; these men are monks, quite ordinary men who have undertaken freely of their own will to live a certain kind of life under the rules of the Vinaya, the Patimokkha or Rules of the Order, who may come to or leave the Brotherhood at any time and even rejoin the Sangha under certain circumstances. They do not intercede between God and Man. Further, there is no prayer in Buddhism and the true Buddhist does not expect the Buddha, Dharma or Sangha to accept prayer or to act on his behalf in some miraculous way. The nearest meaning for "To pray" in Buddhism may well be an act of contemplation, but certainly not "Petition," "Adoration" or "Intercession."

Thirdly, Andrei says "Some resolve this situation by praying to shrines of all three Gods." May it be understood once and for all, The Blessed One, Shakgamuni, Gautama, The Buddha, The Enlightened One to give Him only a few of his appellations would laugh himself stiff if he ever could know that anyone regarded Him as God. "What I have done anyone can do;" "Work out your own salvation with diligence"; "There is O monks, an Unborn, Unoriginated, Unformed, Uncreated . . . " were His Teachings. How can one pray to this, love it, give it attributes, ask its advice, intercede with it, ask for its forgiveness and all the other things which priests do with their God. This is the Absolute, the All, the Ultimate Reality, Sunyata (no-thing-ness). "Outside which" has no meaning or it would not be All. Where words fail and there are no attributes. To look at the face of the Blessed One and to look at His heart are two very different things in the Material World, but in the Ultimate they are One.

Yours, etc.,

O. BALEAN.

Officers' Mess,
Royal Air Force,
Henlow, Bedfordshire.

"59 Club"

SIR,—May I, through the courtesy of your columns, draw the attention of the members of the "59 Club" to the fact that the annual dinner of the Club will be held on Saturday, 1st March, at the "Old Miller of Mansfield" at 7 p.m. for 7.30 p.m.

As this is the tenth anniversary of the foundation of the club, it is hoped that members will make a special effort to attend, if possible, accompanied by their "better halves."

Yours, etc.,

P. R. GROB,
Hon. Sec. to 59 Club.

Devonshire House,
Station Road,
Addlestone.

Past v. Present

SIR,—May I inform your readers that the Past v. Present Hockey Match will be played on Sunday, March 2nd. As usual, it will commence at mid-day in the Miller, and adjourn to Honor Oak Park for the bully-off at 3.00 p.m.

Dr. M. Appleby has kindly agreed to captain the Past side. Any support will be most welcome, and if any "Past" player is available for selection, would he please contact Dr. Appleby by leaving a note for me at the East Wing, Guy's Hospital.

Yours, etc.,

M. N. VELLACOTT,
Hon. Fix. Sec., Hockey.

East Wing,
Guy's Hospital,
London, S.E.1.

Old Remedies

SIR,—The enclosed may be of interest for publication in the *Gazette*. It was discovered in an exercise book of household hints written by a Florence Chitty about 1896.

Remedy for chapped skin: Juice of two lemons; 2 ounces of glycerine (4 tablespoonfuls); ½ oz. olive oil (1 tablespoonful); 1 oz. Eau de Cologne (2 tablespoonfuls); 10 drops liq. ammonia fortis.

Mix well and shake before using.

Toothpowder (Guy's Hospital recipe); light carbonate of magnesium 2 drms.; borax (2 teaspoonfuls; prepared chalk 1 oz.; oil of eucalyptus 5 drops;

Mix well with a pestle.

If preferred, 1 teaspoonful of pure liquified carbolic may be used instead of the eucalyptus oil.

Yours, etc.,

R. S. CLARK.

101, Warnham Court Road,
Carshalton, Surrey.

THEATRE CLUB

★ OFFICIAL ANNOUNCEMENT ★

From henceforth the choice of plays and producers for forthcoming productions will be made during the week of performance of the preceding production. The chosen play will be announced during the following week.

Invitation is formally extended to all members of the hospital to submit dramatic works they wish to produce to the committee at any time in advance of the proposed term of production.

Applications are made through the Secretary, c/o the East Wing.

Applicants may feel free to alter their choice of play or time of production if circumstances so demand.

Rose Ball Prize Donors

The following people or companies provided prizes for the Tombola Stall at this year's Rose Ball. We are deeply indebted to them for their generosity.

Ash and Co. Ltd.,
The Bowater-Scott Corporation,
Messrs. Wrigley Ltd.,
Roche Products Ltd.,
Peak Frean and Co. Ltd.,
L. W. Morland and Co. Ltd.,
Ind Coope Ltd.,
I.C.I. Ltd.,
Horlicks Ltd.,
Glaxo Laboratories Ltd.,
Luis Gordon and Sons Ltd.,
Charrington and Co. Ltd.,
Rothmans of Pall Mall Ltd.,
James Robertson and Sons Ltd.,
Harp Lager Ltd.,
Tollemache and Cobbold Breweries Ltd.,
Beechams Foods Ltd.,
Courage (Eastern) Ltd.,
W. H. Smith and Sons.,
Messrs. Hatch, Mansfield and Co. Ltd.,
Watney, Combe, Read and Co. Ltd.,
Carlsberg Distributors Ltd.,
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Bernard Miles Esq.,
Air-India International,
Messrs. Down Bros. and Mayer and Phelps Ltd.
Messrs. Kodak Ltd.,
Messrs. Spicers Ltd.,
Arthur Guinness Co. Ltd.,
Messrs. Ilford Ltd.,
Gonzalez Byass (U.K.) Ltd.,
John Player and Sons Ltd.,
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Elizabeth Arden,
S. G. Da Costa Esq.,
The Imperial Tobacco Company,
H. J. Heinz Co. Ltd.,
B.B.C. Ticket Unit.
Messrs. Stafford Miller Ltd.,
The Theatre Royal,
The Duchess Theatre,
Two Steeples Ltd.,
The Pharmaceutical Manufacturing Company.

NURSING SECTION

A Sense of Proportion

President Nixon has perused the inaugural speeches of his 36 predecessors; I, too, have glanced back over the contributions of my immediate predecessors in office. Much as the sentiments and facts propounded have been both pertinent and provocative, I would like to initiate my term, not by waving any particular platitudinous banner, but by making a few simple comments .

Granted that we in the Nursing profession always have something to pontificate over, can we not remember why primarily we came to Guy's? Presumably to commit ourselves in various ways to the service of those whose need is probably greater than ours. As sympathetic as I am, and conversant with the multifarious problems which beset our student nurses, I am aware that there are a few more people who, included in that heterogeneous complex called society, likewise work irregular hours, earn insignificant remunerations while apprenticed to a training, and live and travel under equally difficult circumstances.

I am certain that if we were less embroiled with demanding status and rights, and thought a bit more about giving ourselves a daily dose of "job-satisfaction", we would all be a lot happier for it.

After all, we have always got Mr. Wilson and the weather to vent our frustrations on !

The Governors' Cocktail Party

On Thursday, January 16th, the Chairman and the Board of Governors gave a cocktail party for the Sisters and their guests at the Clothworkers' Hall. This proved to be the most successful event of all the "Christmas Arrangements". The food was excellent, the champagne intoxicating and the company distinguished. The Sisters particularly appreciated being able to invite their own guests.

I am sure that everyone present would like to thank the Chairman and Governors for a most successful evening and hope that it may be repeated on subsequent occasions.

STAFF CHANGES

APPOINTMENTS

Miss J. Atkin, S.R.N., to be Sister in Theatres will not now be appointed as she has withdrawn her application.

Miss M. Gianelli, S.R.N., to be Theatre Sister as from 16th December, 1968.

Mrs. L. P. Arnott, S.R.N., B.T.A., to be Clinical Administrator as from 13th January, 1969.

Miss M. I. Rowland, S.R.N., B.T.A. Cert., Nursing Admin., Hospital Certificate, Registered Midwifery Nurse (Australia) to be appointed to the post of Assistant Matron as from 17th February, 1969.

Miss K. H. Tweedily, R.G.N., S.C.M., to be appointed Relief Sister in the Intensive Care Unit as from 1st February, 1969.

PROMOTION

Mrs. P. M. Welsh, R.M.N., to be promoted from the post of Staff Nurse to Sister at the Evelina Hospital as from 1st January, 1969.

Miss L. Payne, S.R.N., O.N.C., H.V.C., to be promoted from the post of Charge Nurse, Night Duty, to Sister School of Nursing, from 16th January, 1969.

Miss H. F. Smart, G.N.T. (Australia), to be promoted from the post of Nursing Auxiliary to Staff Nurse in Theatres, as from 20th November, 1968.

RESIGNATIONS

Mrs. A. E. Miller, S.R.N., Sister—Main Theatres) Resignation to take effect as from 28th February, 1969.

Miss J. Dungay, S.R.N., S.C.M. (Sister—Theatres) Resignation to take effect as from 31st March, 1969.

Miss B. E. Nichol, R.S.C.N., N.N.E.B., (Night Sister—Evelina Hospital) Resignation to take effect as from 31st March, 1969.

Miss D. M. Roxburgh, R.G.N., S.C.M. Sister in Theatres resignation to take effect on 31st December, 1968.

Miss M. A. Phillips, S.R.N., Sister in Theatres will be deferring her leaving date, for indefinite period.

SPORT

RUGBY

STAFF v. STUDENTS

H.O.P. Late morning. Boxing Day, 1968.

Boxing Day dawned bright and clear, bringing the pleasant prospect of an hour or so besporting one's self around the 2nd rugby pitch. But a combination of a sore head, dry tongue and preference for a warm bed made it very difficult to start on the journey down to H.O.P. Similar-minded other players were many, and not until about 11.30 a.m. did a quorum assemble in the pavilion. The two captains Peter Swift and Graham Hey, who had miraculously produced two teams, then whipped up their respective sides into an absolute frenzy of beer drinking and non-co-operation.

However, eventually two groups of drab, dejected, bilious-looking individuals, variously attired, trudged on to the field, the majority fitting their ice-skates in position.

At this point the one spectator was aghast to find that the staff team had abandoned all thoughts of Christmas spirit, and had adopted a hard professional attitude to the match. Their team lined up with the majority of people playing in their usual positions. Meanwhile the more lighthearted, indeed, amateurish students were still finding the positions in which they could be least effective. Thus the game began on an ugly note, and generally carried on that way with the juggernaut staff pack dominating the play by intimidation and sheer excess weight. Otherwise the game itself was remarkably immemorable, with demonstrations of superb ineptitude on both sides.

The final score has already been forgotten, supposedly the staff won on a general point-for-point estimation of the result. But aesthetically speaking, and certainly from a moral standpoint, the students were the victors.

Mention must be made, last but not least, of the very efficient, indeed unbiased refereeing of Dr. Des Carroll, whom both teams would like to meet again sometime. Rumour has it, he was last seen sprinting down the A3 to Guildford.

GUY'S v. TAUNTON

At Taunton, 18th January. Won 22—3.

This match, against a typically robust West Country side, was the last before selection of the Hospital's Cup team. A sense of urgency was apparent throughout the proceedings.

Guy's kicked off on a heavy, waterlogged pitch with an icy gale at their backs; and remained deep in Taunton territory for much of the first half. Several fruitless attempts at dropped goals were followed by a penalty kick within range of the posts. The ball missed its mark, but rebounded from the lower woodwork into the waiting arms of the Guy's forwards. A set scrummage was awarded after the ensuing skirmish and the lighter hospital pack pushed their opponents over the line for Neville to touch down. The conversion kick failed.

Except for a penalty goal by W. Davies, Guy's were unable to take further advantage of the elements. One memorable foray ended with a pass to the Taunton fullback, Merrett was continually harrassed by his opposite number, and too little "loose ball" was gained from the frequent mauls. Stoneham and Cockburn were jumping well in the line-out, however, and the front row was winning the striking duel.

Half-time 6—0.

The opening phase of the second half was one in which the Guy's defence had to tackle and cover relentlessly, often being stretched to its limit; and Taunton's subsequent frustration showed itself in a battle scene reminiscent of the Chicago convention. The opposing No. 8 forward was asked to leave the field, and the anger of the partisan crowd caused the writer some anxiety.

Fortunately, they were soon consoled when their wing threequarter crossed for a try in the corner, following a cleverly executed dummy scissors mid-field. Williams was immediately pulled out of the forwards to strengthen a sagging defence.

You have enough to worry about. So we don't ask for bank charges.

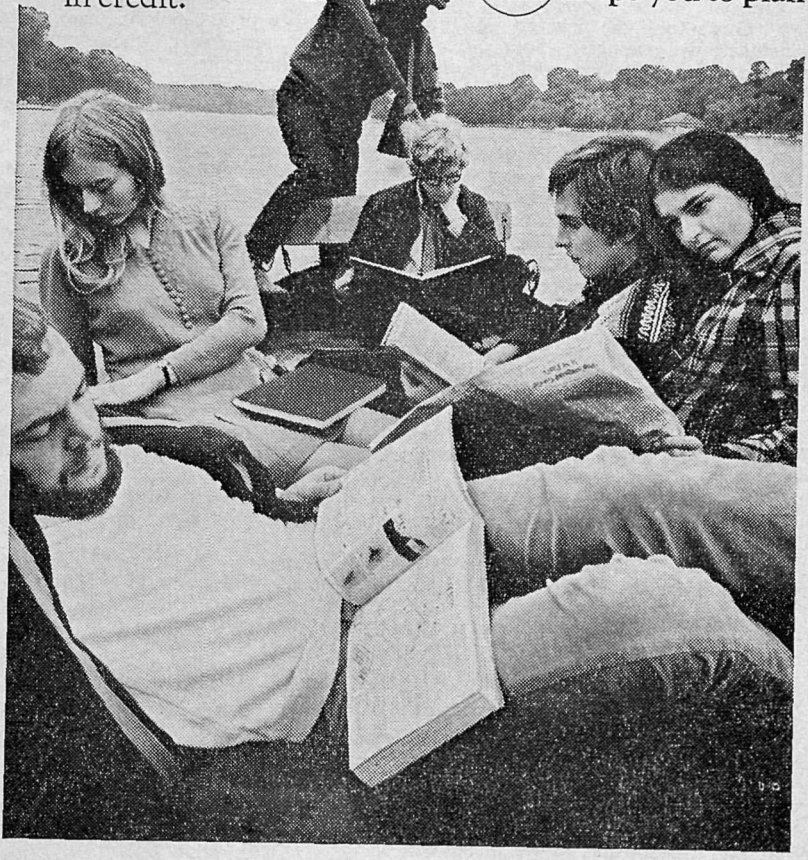
The biggest cloud on the horizon for a student (apart from examinations) is money. A grant is difficult to live on.

So Lloyds Bank doesn't ask for bank charges on student accounts, provided the account is always in credit.

We can also give free advice on how to manage your financial affairs.

Why not talk to the Manager of your nearest branch of Lloyds Bank? He'd be delighted to see you.

Lloyds Bank helps you to plan



Guy's began to venture into the Taunton half much more frequently at this stage, chiefly by driving the ball at their feet, Elliott then scored a vital solo try. He kicked high into the "box", chased, dribbled, and out ran a weary cover for the touchdown.

The whole Guy's team rallied and gained absolute control in the final quarter. First, Ross ran onto a Blackwood dribble, gathered, and scored close enough to the goal for W. Davies to convert. Within minutes of the restart, Merrett ran blind from a loose scrummage on his own line. He passed out to Neville who drew two men before slipping the ball to Ross, and a 75 yard dash ended with a try by the exhausted wingman.

Then the Taunton fullback, as if tempting fate, fly-kicked to Ross. He barged through three defenders and gave the ball to Cockburn who homed on the goal-line with Neville in close support. W. Davies again converted the try to make Guy's the victors by 22 pts. to 3 pts.

TEAM: W. W. Davies, J. R. M. Ross, J. F. Price, D. Smith, J. Shutes, D. Elliott, D. Merrett, J. Davis, G. Hey, A. Addison, J. M. Cockburn, J. Stoneham, R. Blackwood, C. G. Neville, P. Williams.

D.A.C.

SOCCER

GUY'S 1st XI v. POLYTECHNIC

Wednesday, 13th November.

Result: 3—3

Guy's took the field on this bitterly cold day with a new-look team which included five freshers. Soon after the kick-off, their rivals, whom appeared to be affected by the cold, put the Guy's goal under heavy pressure, and a series of rather indecisive tackles led to the "Poly" securing a rather easy goal. This spurred Guy's to play with greater determination, and many excellent moves resulted. They were soon rewarded with a goal when Davey, during one of his forays upfield, pushed a short pass to Colin Baker, who hit the ball first time into the net. Guy's then applied relentless pressure on the "Poly" defence, but were not rewarded with another goal in the first half. The half-time score was one all.

In the second half, Guy's started playing much more definite football. The break came when McClure cleverly deceived the "Poly" defence and put Arnold Coleman clear on the right wing. A low cross found Colin Baker unmarked and once again he hit the ball first time to put Guy's 2—1 in the lead. Soon afterwards another forcing upfield by Bob Davey along the right wing found Drage in the penalty area unmarked. With ice cool nerve, he tantalisingly lured the goalkeeper into committing himself in a dive, pulled the ball back and pushed it round on to his left foot. The result was inevitable. Guy's were 3—1 up. Further pressure by Guy's failed to produce any more goals, and the "Poly" soon came back into the game with a well-taken goal. Further pressure produced another goal towards the end of the match and the result was 3—3.

Special mention must be made of R. Lovell and S. Edwards for the staunch defence. Over all a very good performance, with Guy's perhaps slightly unlucky not to win.

TEAM: J. Wood, S. Milner, R. Lovell (Captain), R. Davey, J. Edwards, A. Goodman, S. Drage, C. Baker, L. McClure, A. Coleman, A. N. Other.

HOSPITALS CUP QUARTER-FINAL
GUY'S v. U.C.H.

Saturday, 18th January. H.O.P.

Result : Won 6—2.

Having recovered from the Christmas holidays with a victory over Catford Strollers, Guy's faced a tough game against U.C.H., their last encounter being a 1—1 draw.

With H.O.P. looking like the remnants of a flood, it was uncertain whether or not the game would be played. All doubts were quelled by the referee, despite the fact that he was plastered !

From the kick-off Guy's built up several good moves and Farber, with a shot-cum back-pass to the U.C.H. 'keeper, found that the goalie had weak hands and Guy's were 1—0 in the lead after one minute.

It looked as though Guy's would run riot with the U.C.H. defence as Poole, McClure and Davey moved the ball with pin-point precision. Guy's dominated the mid-field play but were bogged down in front of goal. Drage and Baker were frustrated by the moat in front of the visitors' goal and would have made more ground in frog-flippers.

The game settled down into a steady pattern of Guy's cross-field play interrupted by the occasional breakaway from the U.C.H. forwards. The equalising goal came from one of these breakaways, the Guy's defence being left stranded and unbelieving.

Cheered on by their president, Professor Haslewood, and their vice-president from across the water, Mr. A. Stuart, Guy's played some of their best football this season.

McClure, despite his lack of size and sleep, took on the U.C.H. defence single-handed and looked certain to score when he was scythed down in the penalty area. Lovell had no difficulty in converting the penalty. (19 minutes.) Five minutes later, McClure received his reward for endurance; bringing the ball under control in mid-air, he flicked it over the centre-half's head, and following through the movement pushed the ball wide of the 'keeper. This fine piece of football put Guy's 3—1 in the lead.

U.C.H. narrowed the gap eight minutes later, leaving Wood stranded in the mud uttering some quaint aboriginal tribal chant.

Four minutes before half-time, Baker scored another of his fine opportunist goals to put the seal on a first half full of so much good football and entertainment for the supporters from the 2nd XI.

The visitors changed their goalkeeper for the second half, and had a change of heart. Watt-Smith, an ex-Guy's player, and R. Cartwright, a University of London player, urged U.C.H. to challenge for the mid-field supremacy held by Guy's. The struggle lasted twenty minutes. U.C.H. fought hard but lacked finish near goal. The Guy's team tackled hard and played with more urgency than their opponents, none more so than Dick Lovell, whose lack of inches was more than made up by spirit and determination. The deadlock was eventually broken by a longe range shot from S .Poole which went in off the underside of the bar.

The coup de grace came two minutes before full-time. A magnificent run down the right wing by Drage, beating four men and pushing the ball between the 'keeper and the post from a narrow angle was the best goal of the game and we hope a warning to other hospital sides that Guy's are determined to have the Cup which was taken from them.

Guy's now face either The London or Charing Cross in their seventh successive semi-final, and it is hoped that a full-strength side is able to play.

The 2nd XI are also through to the semi-final of the Hospitals Junior Cup; we hope that Ken Taylor can bring this cup to Guy's for its first year.

Team : J. Wood; S. Milnes, K. Taylor; S. Poole, R. Davey, R. Lovell; I McClure, I. Nash, C. Baker, S. Drage, G. Farber.

D. L.

WATER-POLO

U.L.U. KNOCK-OUT COMPETITION

After a couple of disappointing games against King's, who seem to be our bogey team, which ended in a win each, the next function was the U.L.U. knock-out. The first team were drawn against Q.M.C. II, who scratched, giving us a bye. The 2nd team played I.C., the eventual winners, and in spite of receiving a 4-goal start on handicap, were outclassed, losing 9—4.

In the next round the 1st team received a 2-goal lead against Mary's,

which was increased to 4—1 at half-time by Challacombe. We made the mistake of falling back too far in defence in the second half, which led to two quick goals from the opposition. The defence tightened up, and although we made few opportunities to increase our lead, we held on to win 4—3. This was our first win over Mary's for about four years, and also the first time we had reached the semi-final of the competition during the same period.

The semi-final was against Q.M.C.I., whose main asset is Shekdar, an international. Again the team played better, defending the deep end in the first half, and our two-goal handicap was only reduced by one at half-time. As has so often happened this term, Challacombe suffered from over-attention of the two-yard back, who was only too willing to concede a free throw rather than allow him time to shoot. In the second half, Shekdar was more mobile, and we had no one who could keep up with him. This resulted in the opposition adding four goals. At the same time, with Northcott moving well in attack, we had three shots against the wood-work, and the final score of 5—2 hardly did the team justice.

Team: K. Howard, S. Challacombe, G. Northcott, M. Adkins, C. Bevis, B. O'Keefe, D. Davidson, P. Williams.

U.H. League. GUY'S I v. MARY'S I.

This was another very impressive performance against a team that had beaten us heavily earlier in the term. Northcott scored a good goal, as well as swimming up well in support of Challacombe, when the latter was awarded free-throws. Adkins saw a good effort from long range hit the wood-work, whilst at the other end, Howard was making some of his better saves of the term. In the dying seconds of the game, we were awarded a penalty, which gave us the opportunity to regain a lead we had held until the middle of the final quarter. Suffice it to say that the final result was 5—5. This was an exciting game in which we outplayed the opposition, especially in mid-field, and we would not have been lucky to finish Mary's 3-year unbeaten record in this league.

Team and scorers: Challacombe (4), Northcott (1), Howard, Adkins, Bevis.

As can be gauged from this report, Guy's water polo is in a happy state at the end of term. As well as their success in the U.L.U. knock-out, the first team were runners-up in the U.H. League. The 2nd team, after a good start, were disrupted by exams., but this enabled the freshers of the 3rd team to gain some valuable experience in a higher division. Challacombe has continued in prolific form in front of goal, and Bevis is probably our most improved player, especially in defence.

The future bodes even better, with R. Jones and N. Howell returning to the hospital, whose swimming ability should prove especially valuable in the large U.L.U. pool next term. Several other experienced players will also become available again next term, and they should add strength to both teams. We look forward to a successful new year.

K.H.

RUGBY CLUB BALL

Guy's Hospital Rugby Club Annual Ball will be held on March 13th, 1969, at Quaglino's, Burt Street, St. James's, W.C.1. Tickets (5 gns.) are available from C. G. Rowland, East Wing.

HOSPITAL INFORMATION

HOSPITAL APPOINTMENTS

PHYSIOLOGY DEPARTMENT, GUY'S HOSPITAL MEDICAL SCHOOL.

Applications are invited from medical graduates for a post of **Lecturer** or **Senior Lecturer.** There are good opportunities for research in co-operation with clinical departments. Salary in the range £1,895 to £3,255 p.a. (under review), according to qualifications and experience, with superannuation. Application should be made by **14th February, 1969** on a form obtainable from the Dean.

UNIVERSITY OF CAMBRIDGE

FINAL M.B.

Part 1 Pathology

J. B. Bingham
A. H. Chalmers
C. R. A. Clarke
Elizabeth A. Clyma
A. S. Coulson
M. J. Fortune
P. M. Hudson
D. C. C. Hughes
I. M. Morris
J. D. Osborn
R. E. Pounder
J. F. Price
E. J. Salter
I. H. K. Scott
W. G. Sherwood
Lucy J. Summers
P. Sweny
C. G. H. West

Part 1 Pharmacology

J. B. Bingham
T. E. C. Bushell
A. H. Chalmers
C. R. A. Clarke
Elizabeth A. Clyma
A. S. Coulson
M. J. Fortune
D. C. C. Hughes
I. M. Morris
J. D. Osborn
R. E. Pounder
J. F. Price
E. J. Salter
I. H. K. Scott
W. G. Sherwood
Lusy J. Summers
P. Sweny
C. G. H. West

Part 2

*M. J. Cheesbrough
(Obstetrics & Gynaecology)
*H. J. Rogers (Surgery)
*Have completed the examination

UNIVERSITY OF LONDON

2nd B.D.S.

R. N. Allen
R. M. Bye
Christine A. Casswell
Patricia M. Fernandez
B. C. Ford
A. A. Holland
S. D. W. Stuart
A. P. P. Walker
J. J. L. Want
S. M. P. Wright
E. T. Harland

3rd B.D.S.

Honours

A. E. Brown (Medicine)
Linda F. Greenwood (Dental Surgery)
K. Howells (Surgery)
D. B. Kennedy (Orthodontics)
Jean A. D. McLean (Dental Surgery)
M. J. O'Grady (Surgery)
C. F. Scott (Dental Sugery)

Pass

Esmé H. Alder
A. S. Averill
A. J. Banner
C. Calder
S. J. Challacombe
J. E. Cook
A. K. Cornell
R. T. Davey
A. E. Godfrey
Rosemary Groves
J. W. C. Halliday
M. L. Ham
J. Hargraves
J. L. Holmes
R. S. Loomes
R. M. H. Phillip
R. C. N. Pinckney
M. B. Price
W. J. Reay
A. S. Stephens
J. G. G. Swain
A. P. Taylor
M. J. Watson
P. A. L. Williams

Part 1

C. H. Ballard
K. R. Band
J. C. Beckerson
P. A. Breen
P. J. N. Brown
P. V. Carrotte
F. D. K. Chan
C. J. Clare
Ann P. Collins
J. A. Cope
Isla M. Copeland
J. S. Cowling
J. G. Cragg
S. N. Cripps
J. L. Curtis
P. J. Evans
A. G. George
A. J. Gillham
P. N. Gooder
H. Greenway
T. G. Haywood
P. R. Hunt
G. F. Langly-Smith
R. V. Leeburn
I. J. Mackenzie
K. W. Malia
K. P. J. Malone
S. A. Marsh
C. G. Neville
B. A. Parker
C. R Pearson
K. Pittel
D. Powell
A. G. Pullinger
Emily E. Richards
Anita L. Sharp
D. St.-J. Thomas
G. M. Thomas
R. Tudor-Williams
A. J. Walter
C. K. S. Wang
Susan J. White
C. E. Wilde
P. C. Williams
N. R. Winter

Part 2

O. A. Adesina
R. L. Anderson
B. S. Avery
B. M. W. Bailey
Rosemary P. Bailiff
Jeanne E. Baker
G. R. Barker
Patricia J. Benson
P. R. Berger
Carol A. Blanks
A. S. Blinkhorn
D. K. Briggs
P. V. Carrotte
C. J. Clare
J. A. Cope
S. N. Cripps
J. L. Curtis
D. W. Davidson
A. J. Davis
J. P. Dine
W. H. Douglas
Carina Dovey
J. C. Edwards
P. A. Epps
A. M. Evans
P. J. Evans
G. Farber
C. R. Farrant
Felicity J. Francis
H. Greenway
W. F. Haines
T. G. Haywood
Hilary C. Hodge
Sally E. Hunter
P. G. Jenkins
R. W. Kendrick
R. J. Lane
Mary Law
B. P. Levy
R. P. A. Lovell
I. J. McClure
J. P. McDonald
G. Morris
P. J. M. Moulder
M. J. Nockles
J. A. Osborne
J. N. Palfreyman
D. F. Pascoe
C. R. Pearson
D. Powell
Mary D. Powell-Cullingford
A. G. Pullinger
Emily E. Richards
P. S. Richardson
P. D. Robinson
R. H. Salt
D. Searle
Philippa M. Sherwin
E. J. Shillitoe
B. J. Smith
Elizabeth J. E. Smith
M. P. Stearns
J. Stock
Joanne C. Timmis
Elizabeth A. C. Tippett
J. W. Toplis
F. J. D. Van der Pant
P. B. Veale
P. R. Walker
S. H. Ward
G. R. Waterhouse
Pamela J. M. Watson
A. Watts
Gillian B. Weaver
Deborah M. Wiggins
G. N. Wolffe
J. F. Wood
B. A. Wooster
B. A Wright
P. R. Wright

PERSONAL

PARTNERSHIP, after introductory period, offered young energetic colleague in well established Guy's 3 man Group practice, 4 surgeries, laboratory, etc. Modernised Georgian House, Hampshire Coast Town. Full clinical freedom, friendly atmosphere, partners remuneration related to own gross takings. Box No. 1/1.

KENSINGTON, S.W.7.—Lock-up Practice in busy shopping area comprising two fully equipped surgeries, waiting room, dark room, etc. Gross nearly £7,000 with scope for expansion: Good private nucleus: Five years lease remaining at £300 per annum inclusive: Lease, Goodwill and Equipment £3,250 o.n.o. Present owner emigrating after family bereavement. Terms considered if necessary. Box No. 3/2.

EAST KENT COAST—Old Guy's man requires associate late spring. Busy N.H.S./private practice, re-equipping surgeries, laboratory and premises. Flat with garage available Golf, Sailing etc., two Hours London. Box No. 4/2.

CHANGE OF ADDRESS

Capt. and Mrs. D. R. F. Bell, R.A.E.C., Foxhall Cottage, Bentley, Nr. Farnham, Surrey.

Dr. J. C. Crisp, High Beeches, Downe Road, Keston, Kent.

Dr. Lawrence Gill, Kemballs, Blackmore End, Braintree, Essex.

W. Holms Esq., F.R.C.S., "Tudor Close", 72 Woodhall Lane, Calverley, Pudsey, Yorks.

Dr. and Mrs. T. J. Huins, 2 Lane House, Benson, Oxford.

Mrs. P. A. Milton, M.C.S.P. 10 Copland Avenue, Wembley, Middx.

Dr. H. H. Richards, P.O. Box 1, Newcastle N.B., Canada.

Mr. and Mrs. Bernard Rissik (née Hawker) 94 Rutland Avenue, Craighall Park, Johannesburg, South Africa.

R. A. Sturge, Esq., 15 Arundel Court, Jubilee Place, S.W.3.

R. M. Veale, L.D.S., R.C.S., Shepway Lodge, 31 The Beach, Walmer, Kent.

Dr. and Mrs. M. Walter, 1 Upper Duke's Drive, Eastbourne. Tel: Eastbourne 33441.

G. F. Willcox, 45 Chandos Court, Off Tavistock Street, Bedford.

BIRTH

RICHARDS—On 11th January to Angela and Derek Richards a son Simon William, a brother for Michael and Elizabeth.

ENGAGEMENT

McMAHON—SEGRAVE—The engagement is announced between Michael McMahon and Dilys Segrave.

MARRIAGE

RISSIK—HAWKER—On 14th December, 1968, Bernard Rissik and Judy Hawker were married at Framfield Parish Church, Sussex.

DEATHS

HOGBIN—On Sunday, January 12th, 1969, Suddenly Ronald Arthur Parker Hogbin, M.R.C.S., L.R.C.P. aged 60 years.

SPENCER-PAYNE—On 18th January, 1969, Hartnall Edmond, L.D.S., R.C.S. Eng., of 112 Sweechgate Road, Sturry, Canterbury.

MacMANUS—On Friday, 22nd November, 1968, suddenly at his home 53 Chester Square, S.W.1., Dr. Desmond MacManus, aged 80. Beloved husband of Lesley MacManus and much-loved father of Niall and Maeve.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2102

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Guild of Ex-patients and Friends

The entrance to number 16, St. Thomas's Street is shared by the *Gazette* staff and the staff of that little-appreciated organisation of ex-patients and friends of Guy's Hospital. Little is seen, at first glance, of the work that is done in that office, until one remembers that the ash-tray in such-and-such a ward has a little gold coloured label on it showing that it originated from the Guild, and that there is another label on the ward piano, the ward vases, the bedside tables and the televisions. Suddenly the Hospital becomes a mass of little gold labels stuck on to everyday objects that make life in hospital more pleasant for those who stay or work in it. The Guild relies on a large band of ex-patients and friends who make small or great contributions to the funds that provide these necessary but non-statutory additions to the wards and the Nurses' Homes.

Gifts from the Guild to the Hospital last year included 46 chairs, one half-table, two small tables and one picture for the Dental Conservation room, 9½ dozen table mats for the York Clinic, two Parker-Knoll fireside chairs for Evelyn Ward, a sand and water trolley for the Evelina, Monopoly and bridge sets to John Ward and the York Clinic, a total of 44 dozen vases to various wards and six dozen table mats for Hunt's House. The nurses at Bramham were given an electric sewing machine, a special hood for using as hair dryer for patients on stryker frames was given to Queen ward, and the Patients' Library was able to buy £50 worth of new books. The Chiropody department received two "York" hydraulic patients' chairs and two "Nustyle" cabinets and the Cardiac department was given a grant of £2,500 to buy some more equipment. Not a bad year's work.

We salute the army of invisible helpers who make all this possible by sending their contributions, and the staff of the Guild who so effectively divert this generous stream to the good of the patients and nurses of the Hospital.

Keats Memorial Lecture

Guy's has combined with the Worshipful Company of Apothecaries and the Royal College of Surgeons to establish a "Keats Memorial Lecture". The first lecture, entitled "Keats : The Man, Medicine and Poetry", will be given by Lord Evans of Hungershall. It will be given at the Royal College of Surgeons at 5 p.m. on Tuesday, 25th February. Admission will be free.

Liaison Board

Once again the Students' Medical Education Committee has taken action where others have only grumbled. With the co-operation of the staff of the Hospital we could now see an end to the sight of frustrated students storming out of the wards and back to the Spit, their round or lecture having been cancelled. A blackboard has been put up in a prominent position in the East Wing with columns for the insertion of the date, name of person taking the round or lecture and the fact of its cancellation or the duration of its postponement. Anyone who knows that he is going to be unavoidably absent or late has but to contact the East Wing for the facts to be put on this board for the convenience of all.

Cup Fever

As this edition goes to press, the 1st XV will have played their cup semi-final against the London Hospital. Those who remember the final of the competition last year, when the best Guy's side for years unaccountably lost to a London side of grossly inferior reputation will no doubt be rather more cautious in predicting the winner on a purely "form" basis. Cup competitions the world over are renowned as prophets' graveyards. Let us hope this year that the cup is brought back to its rightful place, after an untimely absence of two years.

Students' Club Elections

The election of representatives on to the Students' Club Council will take place on Thursday, February 27th. After last year's rather pathetic display we take this opportunity to exhort all students to do their utmost to summon up the energy to remember to vote for their preferred candidate. Since last year the Students' Club Council has redoubled its efforts on behalf of the students and no one should be in any doubt as to the worth of the Council to them. Voting papers will be sent round to all those entit'ed to vote and all that is required and requested is that you should fill in the form and put it into one of the ballot boxes provided on Thursday, February 27th.

Congratulations

We congratulate Mr. Patrick Clarkson on being invited to lecture to the Pan-Pacific Surgical Association in Honolulu, in October. The title of his lecture is "Plastic Surgery as it concerns the breasts".

We would also like to record our belated congratulations to Dr. I. C. Perry, Senior Medical Officer, Army Aviation Centre, on being the first Guy's man to obtain the Diploma in Aviation Medicine of the Royal Colleges. He obtained this on the first occasion of the examination being held, in July 1968.

Apologetic

In our issue of January 18th we printed an amusing article entitled "Farcic". Unfortunately, due to circumstances not entirely beyond our control, the article was attributed to the pen of Professor Trounce. This was not, in fact, his work. He has generously accepted our apologies for any inconvenience we may have caused him by our mistake and we are left with only one problem—to discover the real, genuine and bona fide author so that we may acknowledge his skill with both pen and wit. We hope that readers will not take this episode as a typic example of our logistic incompetence, but see it, rather, as a cleric or typographic error.

GUY'S DIARY

FEBRUARY

17	M.	1.00	Clinical Lecture. Dr. DEUCHAR. "Cardiac Catheterisation."
21	F.	1.00	Clinical Lecture. Dr. KAUNTZE. "Chronic Cardiac Failure."
		2.15	Combined Round in the Pre-Clinical Classroom. Chairman: Mr. Wass.
24	M.	1.00	Clinical Lecture. Mr. SALMON. "Hearing Aids—The pros and cons."
27	Th.	1.00	Clinical Lecture. Professor HUNT. "A Physiological Basis for the Treatment of Angina."
		2.15	Combined Round in the Pre-Clinical Classroom. Chairman: Mr. Bain.

CURRENT RESEARCH IN THE PATHOLOGY DEPARTMENT

by

Professor C. W. M. Adams

To quote a recent article by Bernard Lennox, "the trouble (and delight) of being an academic pathologist is that . . . we sit at one of the major cross-roads of the flow of medical scientific information, with our feet in the wards and our heads in a rather old and untidy ivory tower with windows opening in too many distracting directions" (*Lancet* ii, 865, 1968). In this sense it is hard to define research in a histopathology department, as it varies from somewhat *ad hoc* work on direct clinical problems to more abstract physicochemical questions of disordered cell structure. A considerable volume of work is in fact carried out in collaboration with other departments in the school or hospital. The department's major research efforts are directed towards cardiovascular and neurological diseases and to the cellular aspects of Immunopathology; many of the investigations involved are inter-departmental collaborative ventures.

Cardiovascular Diseases.

1. Platelets

As coronary disease kills about 100,000 British subjects annually, it is not unreasonably a topic that merits great research effort. Dr. Y. H. Abdulla (British Heart Foundation) has been investigating the physiochemical changes at the platelet surface that are associated with aggregation, the presumed underlying event in initiating thrombosis. Contact with hydrophobic surfaces and greater ordering of water around the platelet lead to increased aggregation : compounds that break this water-ordering reduce the extent of aggregation.

Pharmacological studies show that platelet aggregation is prevented by cyclic adenosine monophosphate. Catecholamines or other drugs that increase the concentration of cyclic AMP reduce aggregation or promote disaggregation, whereas pharmacologically-induced reduction in the level of this cyclic nucleotide leads to increased aggregation. The enzyme pathways involved in cyclic AMP metabolism are the sites at which drugs control this system. Clearly this work has considerable therapeutic implications, as well as delineating certain factors that are involved in platelet and perhaps cell adhesion.

2. Atherosclerosis

Thrombosis is the terminal precipitating event in about 60 per cent of fatal coronary occlusions. Nevertheless, underlying athero-

sclerosis is equally—if not more—important. The remaining 40 per cent of occlusions are due to atherosclerotic obstruction; moreover, thrombosis rarely—if ever—occurs in the absence of underlying disease. Research in the Department on atherosclerosis has been mainly concerned with metabolic failure of the tunica media, routes of cholesterol entry into the arterial wall, and mechanisms of cholesterol esterification and resorption (Dr. Y. H. Abdulla, Professor C. W. M. Adams, Miss O. B. Bayliss, Mr. R. S. Morgan and Miss C. C. Orton).

With advancing age qualitative and quantitative histochemical methods show that respiration and energy production fail in the inner-middle zone of the arterial tunica media. We infer that this leads to reduced local synthesis of lipotrophic agents (phospholipid and protein). For this reason, lipids—in particular cholesterol—would no longer be transported outwards and would tend to accumulate within the inner layers of the arterial wall. A further study is in progress on 8 selected human arteries—taken from necropsy subjects—to determine the time and age-relationships between mid-medial ischaemic changes, diffuse intimal thickening and the onset of atherosclerosis.

Autoradiographic and scintillation counting of individual layers of the rabbit aorta show that injected radioactive cholestrol mainly enters from the lumen of the vessel, whereas labelled plasma proteins enter from the external surface. The same situation applies in mild experimental atherosclerosis in this species but, in established severe disease, plasma proteins appear to leak directly from the lumen into the atheromatous plaque. The implication of these tracer studies is that lipoprotein is not the transport vehicle that carries cholesterol into the intact arterial wall, perhaps only a physiochemical exchange process is involved at this stage. However, once the artery is damaged by atherosclerosis, the endothelium becomes more permeable allowing a direct leak of cholesterol-rich lipoprotein into the vessel-wall with ensuing augmention of the lesion.

3. Cholesterol

Cholesterol and its more saturated esters are highly fibrogenic when injected subcutaneously, but the more unsaturated esters produce substantially less tissue-reaction. Moreover, the highly polyunsaturated esters are removed nearly twice as rapidly as free cholesterol and the more saturated esters. Thus, we infer that polyunsaturated cholesterol esters would tend to protect the arterial wall against the fibrous thickening that is induced by other forms of cholesterol. It is, therefore, not altogether surprising that fatty atherosclerotic lesions show a 50 per cent increase in cholestrol esterifying (lecithin ——> cholesterol fatty acid transferase) activity when labelled polyunsaturated lecithin is used as substrate. In co-operation with Dr. R. W. R. Baker (Department of Chemical Patho'ogy), we have found that polyunsaturated lecithin, when injected intravenously, protects the rabbit aorta against cholesterol-induced atherosclerosis.

Conversely, saturated egg lecithins (which would form relatively saturated cholesterol esters) tend to aggravate this form of experimental atheroma.

4. Atheromatous plaques

Ultrastructural and fractionation studies on atherosclerotic tissue by Dr. R. O. Weller show that early atherosclerotic lesions contain cholesterol in the form of lamellated phospholipid-rich lipid droplets: such droplets are known as liquid crystals and exhibit the peculiar property of Maltese-cross birefringence. In this dispersed form cholesterol would be suitably accessible to esterifying enzymes. It can be inferred that another type of lipid droplet (which is ultrastructurally amphorous and isotropic) results from such esterifying activity, for it appears to contain a predominance of esterified cholesterol. The lamellated or membranous phospholipid-cholesterol droplet could well be the substrate on which the lecithin ——> cholesterol fatty acid transferase works.

Dr. Dagmar Urbanová (Wellcome Foundation) is reviewing the lipid histochemistry of atherosclerosis in an endeavour to localize the major sites of phospholipid accumulation in these lesions. In conjunction with thin-layer chromatography of individual layers of the aortic wall, this work should provide more information about the availability of phospholipid as a surface-active agent and fatty-acid donor for dispersing and esterifying cholesterol deposited in atheromatous plaques.

5. Valve homografts

As a replacement for the irreparably damaged aortic valve, the human cadaver valve does not usually suffer the thrombotic complications that are encountered with a mechanical prosthesis. Thus, the need for routine anti-coagulant therapy is eliminated. However, the ultimate fate of such transplants has hitherto been uncertain. Dr. G. A. K. Missen has been collaborating with Dr. D. H. Davies, Dr. G. Blandford, Dr. C. I. Roberts, Dr. M. H. Lessof and Mr. D. N. Ross (Cardiac Department, Department of Medicine and Thoracic Surgical Unit) in studying patients in whom chemically-sterilized freeze-dried valves have been implanted. These "grafts" contain no living cells, so they are really only "biological prostheses"; immune rejection has not been identified in them. These implanted valves become firmly attached and may function well for five years. However, their cusps remain essentially acellular and may ultimately show severe connective-tissue damage, such as rupture, perforation and calcification. The degree of calcification varies greatly; it cannot be simply related to time from insertion. Comparative trials of different methods for sterilizing (e.g irradiation) and preserving cadaver valves may in future show how best to prolong the functional life of these transplants.

6. Migraine

The structure and enzyme histochemistry of temporal artery biopsies, volunteered by a series of subjects with migraine, has been

studied by Professor Adams, Miss C. C. Orton and Dr. K. J. Zilkha (National Hospital for Nervous Diseases). These migrainous arteries show no morphological or enzymatic defects, apart from a slight increase in adventitial collagen. However, the adventitial collagen in migrainous arteries binds more noradrenaline than does that in normal vessels, as is shown by the paraformaldehyde-isoquinoline fluorescence method. It is not clear what determines the increased noradrenaline binding by migrainous arteries. Perhaps the more fundamental question that should first be answered is the significance of the low but unique *in vitro* noradrenaline-binding by normal collagen.

Neurological Diseases.

1. Demyelination

Research in the Department on the nervous system is mainly centred on demyelinating diseases and Schwann cell disorders. With the electron microscope Dr. R O. Weller has demonstrated Schwann cell proliferation accompanied by remyelination in Dejerine-Sottas' disease and other hypertrophic neuropathies. The abnormally proliferating Schwann cells in this disease perhaps also synthesize excessive amounts of collagen. In collaboration with Dr. T. K. Das Gupta (Anatomy Department), he has succeeded in producing an experimental hypertrophic neuropathy by locally injecting animals with dimethyl benzanthracene. The morphological appearances of hypertrophic neuropathies are consistent with recurrent episodes of demyelination and remyelination. Whether the underlying disorder in the human disease is a defect in myelin formation (dysmyelination) or true demyelination has yet to be determined.

2. Artificial hydrocephalus

While on a travelling fellowship to the Albert Einstein College in New York, Dr. Weller has also been working with Dr. H. Wisniewski on experimental hydrocephalus induced by subarachnoid injection of silicone oil. Such hydrocephalus causes periventricular oedema and associated damage to the myelin in the regional white matter, but the neuronal layers are left intact. Adult myelinated brains are more susceptible than immature relatively unmyelinated brains. This observation suggests that operative procedures to relieve hydrocephalus should preferably be undertaken before cerebral myelination has proceeded too far.

Demyelinating diseases have been a major focus of research in the department for the last 12 years. The initial impetus was largely provided by the late Professor George Payling Wright and his colleagues, who showed that the metabolic turnover of normal myelin is exceedingly small. This led the search for the cause of demyelinating disease, in particular multiple sclerosis, away from Sperry's concept of myelin catabolism exceeding its anabolism. Current lines of investigation on multiple sclerosis are now more concerned with infective

agents (e.g. scrapie), "autoimmunity" and biochemical defects of the oligodendroglia. However, a major difficulty in these investigations is the lack of a suitable experimental model that bears some resemblance to the human disease.

3. Experimental Allergic Encephalomyelitis

Experimental allergic encephalomyelitis is an auto-immune disease in which the CNS is damaged by an immune reaction to a basic protein or polypeptide component of myelin. Some workers regard it as a true demyelinating disease, particularly in primates. Dr. S. Leibowitz and Miss L. Kennedy have been studying the increased vascular permeability that accompanies the development of lesions in the guinea pig's brain and cord. These vascular changes follow closely upon the entry of inflammatory cells into the central nervous system. The pattern of permeability changes and its relation to the infiltrating cells are compatible with a lesion caused by sensitized lymphocytes rather than circulating antibody. The vascular leak—as in all delayed hypersensitivity reactions—can be dissociated from the cellular infiltration and is due to the release of chemical mediators analogous to those found in acute inflammation.

While engaged in this study, and in co-operation with Dr. Maurice Lessof (Department of Medicine), they found that administration of antilymphocyte serum damped down the degree of inflammatory encephalomyelitis and the extent of neurological signs. However, some of the animals then developed foci of demyelination, which have not previously been detected in the encephalitic guinea-pig. This work suggests that demyelination in the guinea-pig may only be manifested in less fulminating types of allergic encephalomyelitis ; this implies that the demyelinating lesion takes a certain time to develop and that the conditions for its formation are only satisfied when the exuberance of the initial inflammatory reaction is damped down by antilymphocyte serum.

In collaboration with Dr. N. A. Gregson (Department of Anatomy), Dr. Leibowitz and Miss M. Kennedy are also investigating the antigenic properties of myelin preparations solubilised with lysolecithin. The aim is to develop immunological methods for studying the protein and lipid components of the myelin sheath.

4. Myelin breakdown

Diphtheritic neuropathy is a primary (segmental) demyelination of peripheral nerves, while Wallerian degeneration is a "secondary" demyelination Both offer useful models for studying the mechanisms of myelin breakdown in readily accessible peripheral nerves. Dr. J. F. Hallpike (Multiple Sclerosis Society), Professor Adams and Miss O. B. Bayliss have been studying proteolytic activity in these conditions and around plaques of multiple sclerosis. Our earlier studies show that myelin contains both trypsin-sensitive and trypsin-resistant proteins. Digestion of the trypsin-sensitive protein leads to the *in vitro* release of lipids from myelin. If such digestion occurs *in vivo*, we could then understand why myelin physically disintegrates in the early stages of

myelin breakdown but its lipids remain normal in the chemical sense for more than a week after nerve section. We have found that proteolytic activity does in fact increase within the first 12 hours of degeneration, and extracts of degenerating nerves cause normal nerves to "demyelinate" *in vitro*. Proteolytic activity also increases at the edge of active plaques of multiple sclerosis. Active lesions are adjudged on the increase in neuroglial population and oxidative enzyme activity around such plaques. At present we are concerned with locating the source of these proteolytic enzymes; they may possibly be located within lysosomes, other subcellular particles or within the myelin membrane itself. At the same time, in collaboration with Dr. Y. H. Abdulla, we are attempting further to delineate by subcellular fractionation and histochemical techniques what enzymes are located within the compacted external cell surface membranes that constitute the myelin sheath. With Dr. D. R. Turner (Anatomy Department), a preliminary difficulty has been overcome—that of preparing a subcellular myelin fraction from tough collagenous peripheral nerves.

5. Peripheral nerve histochemistry

In conjunction with Dr. R. T. Grant (Department of Medicine), Professor Adams and Miss Bayliss have been studying the cholinesterase histochemistry of peripheral nerves. Motor nerves contain acetylcholinesterase, but only occasional fibres in sensory nerves contain this enzyme. The paranodal apparatus at the node of Ranvier contains an abundance of acetylcholinesterase, possibly as a regulatory mechanism to prevent the entry or escape of cholinergic substances at this point.

Immunopathology.

Antilymphocyte serum may come to play an important role in the treatment of immunogenic disease and in transplantation surgery. Dr. Leibowitz, Dr. Maurice Lessof (Department of Medicine) and Miss L. Kennedy have studied its effect on experimental allergic encephalomyelitis in the guinea pig. Because of its powerful immunosuppresive action, it completely inhibits the development of the disease in these animals. A fact of some clinical importance is that treatment may be effective even after the disease is fully established ; thus its administration greatly reduced the mortality among paralysed animals. How it suppresses delayed-type hypersensitivity and its anti-inflammatory effects are being investigated by using the tuberculin reaction in the pleural cavity as a model.

Existing *in vitro* tests for cellular sensitivity are unsatisfactory and laborious. Dr. Y. H. Abdulla, Dr. Leibowitz and Miss L. Kennedy have found that peripheral-blood lymphocytes of guinea pigs sensitized to human red cells inhibit the Na^+, K^+ transport ATPase of erythrocytes *in vitro*. This phenomenon is being investigated to determine whether it is a true reflection of cellular sensitivity : it may then be used to study the mechanism of cellular damage by sensitized lymphocytes.

Dr. J. N. Blau (M.R.C. and Endowments Fund) is extensively investigating the functions of Hassall's corpuscles in the thymus. These corpuscles, for long regarded as rather useless vestigal structures, appear to function as reticulo-endothelial tissue. They actively take up vital dyes, colloidal carbon, antigens and antibodies and appear to store tissue debris. Possibly the corpuscles may act as a store-house for antigenic material to enable the reticulo-endothelial system to sample and be reminded of certain relevant antigens. Hassall's corpuscles wax and wane in size after various stimuli to the thymus : this also suggests that they play a role in long-term immunity. Further work is being pursued to clarify and establish the hypothesis.

Since his appointment as Director of the M.R.C. Tissue Transplantation Unit at East Grinstead, Dr. Richard Batchelor's investigations on cell antigens, histocompatability and tissue-typing are continuing there. However, Guy's is fortunate in that he is able to supervise the clinical applications of this work here in relation to organ transplantation.

Other Research Problems.

1. Virus-induced neoplasia

The structure of viruses and virus-induced neoplasia are Dr. M. B. Mitchiner's present research interests. In a combined cytochemical-electromicroscopic study he has delineated certain lipid and protein components of the outer and inner layers of Vaccinia and Orf virus envelopes. By means of reasonably selective lipid extractions, enzymic digestions and combinations of these procedures, he has been able to remove various ultrastructural components of these viruses : lipid and protein sites and inter-relationships can be deduced from the data. Thus, Dr. Mitchiner has been able to propose a model for the detailed molecular structure of the envelope of Vaccinia virus. Future work, in conjunction with Dr. I. MacPherson (Imperial Cancer Research Fund), will be concerned with developing methods for detecting and assaying surface antigens in cells that have undergone virus-induced neoplastic change.

2. Lipid deposits and amyloid

Dr. R. W. R. Archibald is currently investigating the origin of lipid deposits in certain renal diseases. The hypothesis to be tested is that lipid may either be deposited from the plasma (e.g. as in diabetes mellitus) or may accumulate due to decreased local synthesis of lipid-mobilizing vehicles (protein and phospholipid) in the renal tubular epithelium. He is also studying the specificity and diagnostic applicability of certain stains for amyloid and fibrin. Dr. Thomas Lehner (Department of Oral Medicine and Pathology), whose special interest is amyloid-formation, has been collaborating with Dr. Archibald on these more sophisticated techniques for displaying small amyloid deposits in tissues.

Histo- and cytochemical methods have been little used in diagnostic cytology. Although standard staining techniques clearly reveal

cellular morphology, it would be very valuable to have reliable cytochemical techniques for estimating cell function in cytological smears. No doubt it is a pipe-dream, but theoretically it should be possible to detect rapidly dividing neoplastic cells by their increased pentose shunt dehydrogenase activity which reflects augmented nucleic acid synthesis. If substrate concentrations are suitably adjusted (and leaving aside the problem of rate-limiting enzymes), the speed at which reduced tetrazolium pigments appear in the cell should be approximately proportional to pentose shunt activity and, hence, to nucleic acid synthesis. Dr. A. Stevens has made a start on a different aspect of this problem. He is probing the possibility of cytochemically distinguishing renal tubular cells from bladder epithelial cells in urinary deposits. Not unexpectedly, the energy-demanding renal tubular cells show markedly higher succinic dehydrogenase and esterolytic activity than the transitional epithelial cells of the lower urinary tract. In collaboration with Professor J. R. Trounce (Department of Clinical Pharmacology), Dr. Stevens is exploring the value of these methods for detecting early renal tubular damage in renal disease and after renal transplantation.

Extracts from the Report of the International Road Safety Conference

Brussels, September 1968

What is the best Safety Belt?

"Any safety belt is better than no safety belt." This was the gist of the speech of Mr. Bastiaanse, at the International Road Safety Conference, organized by the Fonds d'Etudes et de Recherches pour la Sécurité Routière, and which took place from September 23rd to 27th, in Brussels.

The remark made by Mr. Bastiaanse also summarized the general consensus of all participants in this conference. And at the same time it indicates the limits inherent in current safety belt construction used in automotive vehicles, both in Europe and in the U.S.A. The widespread recognition of the limitations of safety belts resulted in the plea by all speakers for continued researching to find the answer to the question : "How can we best protect the human body against deceleration?"

Mr. Bastiaanse, head of the testing laboratory Rai-Tno Delft, Netherlands, dealt extensively on a research project he undertook in the Netherlands, concerning various types of safety belt construction on the basis of an analysis of heavy car accidents involving 758 drivers and 345 front-seat occupants, who were all wearing safety belts at the time of the accident. In addition, Mr. Bastiaanse resorted to an investigation of accidents, in which the occupants as well as the drivers did not wear any safety belt device at the time of the accident.

The number of cases observed was too small to be statistically conclusive. Nevertheless, the results obtained provided some interesting aspects which certainly deserve closer investigation.

A comparison of the injuries of all passengers (irrespective of whether they wore belts or not) seems to indicate that the heavy and fatal injury rate can be reduced by 50 per cent in cases where belts are worn.

An analysis of accident reports returned to a safety belt manufacturer in the United Kingdom—thus only involving people who survived the accident—was reported by Mr. G. Grime, Research Unit in Traffic Studies, University College, London. It showed, among other things, that automatic belts, i.e. belts with an inertia reel, were more effective than ordinary lap-and-diagonal belts (three-point belts) particularly in preventing head injury to the driver.

Mr. Grime, who included in his research survey the various types

of accidents such as: head-on crash, rear-end collision, side swipes, etc., gave the audience to understand that about two-thirds of the injuries to wearers of lap-and-diagonal belts were caused by striking parts of the car, and only one-third were due to restraining forces due to belts.

Slack belts are as dangerous as no belts.

The papers presented at the Conference, mainly those by Messrs. Bertil Aldman and Arne Asberg, Traffic Medicine, Sweden, as well as the subsequent discussions, had placed the emphasis on the need to avoid any slack on belts, in other terms: as little play as possible between the belt and the body.

It was found that the larger the slack of a safety belt, the larger also will be the load on the body in case of accident—and in most of the times it may be too large. Also, seat belts for children should not allow the child the freedom to move around in the seat.

One critical point was raised concerning the quality of certain belts; the belt's stiffness has to be sufficiently rigid to exercise an even, flat pressure on the body; certain belts have lost their stiffness or are twisted and thus have the effect of a thread on the chest.

The prevailing conclusion of the investigation of most accidents was the fact that serious injuries as well as cases of fatality take place at moderate speeds of 45 km/hour or less. Therefore, the experts strongly recommend that safety belts be worn at all cost, above all in city traffic.

New safety devices — a cause for new types of injury.

The most philosophic statement in this context was given by Dr. Van Faassen, professor at the Free University, Amsterdam, who weighed the various advantages and disadvantages of the safety devices which are at the disposal of automobile occupants, at the time of a collision. On the one hand, we are trying to protect by seat belts the human body against the penetration by dashboard instruments; on the other hand, these safety belts are leading directly to so-called shock injuries: an injury that results from the fact that only certain parts of the body are sustained by a safety belt so that different parts of it are not uniformly (simultaneously) decelerated. The analysis of the possible movements and the deformation of inner organs, make it possible, from a medical point of view, to establish the advantages and disadvantages of each type of safety belt. Professor Van Faassen has come to prefer the lap belt fixation. The lap belt makes the human body bend in the area where it can afford this best.

What Professor Van Faassen was mainly concerned about in his paper presented to the Conference, was the number of micro-lesions that accumulate in all parts of the body due to the continuous load at impact in whatever form they may occur. And in addition, "We have a tendency to investigate all corporal parts separately and to establish their individual vulnerability—do researchers attribute enough importance to the fact that all component parts of the human body are intimately linked to one another?"

Professor Van Faassen finally stood up for more and more

accident analysis : new safety devices tend to produce new causes for injuries and the doctor should know them.

New dimensions.

If today's safety belts are generally considered as acceptable and indispensable devices, it is nevertheless true that we should look for more comfortable and convenient devices. Quite a few speakers at the Conference stressed upon the need for a new approach to the safety devices, instead of continuing to improve the existing ones.

John P. Stapp, Chief Scientist (Medicine), National Highway Safety Bureau (U.S.A.), presented five design principles for vehicles, seats and restraining systems. In particular, suggestions are advanced for replacing webbing restraints by isovolumetric systems, i.e. by means of a pneumatic bag, plastically deformable padding applied during impact, large area netting restraints, or other similar devices which might prove feasible.

Another new safety device might be the Shock-Seat, developed by Peugeot's Study Centre, presented during the Conference by Mr. Mauron, and introduced by Mr. Leguen, Chef de Service, Union Technique de l'Automobile, du Motocycle et du Cycle, France.

According to the speaker, it will be possible to palliate the defects of seat belts :—

—by fitting at the anchorage of belts, an energy absorber of polyurethane, restituting only 0.5 per cent of the shock kinetic energy ;

—with a shock seat, in which the passenger is bound by textile restraint. During the shock, the seat rotates frontwards and is slowed down by an energy-absorbing device.

In the latter system, decelerations are twice or three times less than with seat belts, and the risk of whip-lashing disappears completely. No rupture due to frontal collision has been registered for speeds up to 48 km/h.

Safety Windscreens

Automotive glazing was one of the major topics under discussion at the International Conference on Road Safety, organized on the occasion of the Tenth Anniversary of the Fonds d'Etudes et de Recherches sur la Sécurité Routière de Belgique, from September 23rd to 27th, in Brussels. Six of the 18 papers dealing with biomechanics were on this subject.

Internationally recognised experts dealt extensively with the role played by the windscreens in car safety. Among them were Dr. Detlev Ziffer, medical doctor and engineer, Munich; Professor L. M. Patrick from the Biomechanics Research Center, of Wayne State University at Detroit (Michigan); Mr. B. de Bodinat, Director of the Société Française des Glaces de Sécurité; and Dr. H. V. Krings, Vegla/ Germany; Mr. A. W. Siegel, of the Trauma Research Group of the University of California in Los Angeles; Mr. R. van Laethem, Glaverbel, Belgium; and finally, the Heidelberg traumatologist, Professor Dr. E. Gögler.

Lacerations and Vertebral Injuries.

One of the first speakers, Dr. D. Ziffer, weighed the laminated windscreen against tempered windscreens in terms of injury causation.

Dr. Ziffer stated that the laminated windscreen with the old and thin interlayer could cause the so-called "horse-collar" injury, when the human head penetrated the windscreen.

While the penetration of the laminated windscreen seems to have practically disappeared with the introduction of the high performance type, based on a thicker and improved interlayer, Dr. Ziffer claimed that the new laminated windscreen could lead to cervical vertebrae injuries. Based on laboratory experiments with specially prepared sections of the human spine with an attached wooden head and meant to simulate the human body, he stated that the reinforcement of the interlayer may increase the load on the spine column, in real collisions, and result in injuries.

The presentation was followed by sharp discussions from the floor. Professor Patrick, amongst others, criticized the manner in which the spines were prepared, and doubted that they reflected the capability of the human body to absorb decelerations in the spine area, in particular because the major neck muscles had been removed.

Dr. H. V. Krings admitted that in frontal collisions, the tempered windscreen is not an effective barrier against ejection because of the negligible amount of energy absorbed by the screen upon impact.

The new improved laminated windscreen, on the contrary, absorbs a sizeable amount of the energy of the impact. The cervical vertebrae injuries mentioned by Dr. Ziffer were also referred to by Dr. Krings. He concluded that a "controlled pop-out windscreen should be developed".

Professor Dr. E. Gögler, who investigates road accidents at first hand in the Heidelberg area, showed impressive slides of automobile-caused injuries. Out of 187 cars involved in accidents, he found varying degrees of injuries from tempered windscreens, and only minor ones from laminated windscreens, but he admitted that the percentage of vehicles equipped with laminated glass in Germany is small and that further investigations were in order.

U.S. Experiments and Experience.

In his paper on "Head and Neck Injury and Windshield Impacts", Professor L. M. Patrick reported on a series of dummy and cadaver experiments designed to establish whether neck and head injuries could be expected with the high-performance windscreen in a typical European automobile.

For the experiments, Professor Patrick used a VW 1500. His findings, illustrated at the Conference by a film and slides, are that "the risk of severe facial lacerations and bone fracture had been reduced dramatically, because of the increased penetration resistance of the new windscreen. It forms a pocket or bulge, after being struck by the head of a car occupant".

Professor Patrick X-rayed the cadavers prior to and following impact and submitted them to autopsy, to check for possible injuries.

Even after multiple impacts with the windscreen, no injury to the cervical spine could be detected. There were no lacerations of the neck because the head did not penetrate the improved high-performance windscreen, now standard in U.S.

In his paper on "Automobile Collision and the Effect of the New U.S. Standards", Mr. A. W. Siegel listed the steering-wheel column, instrument panel and windscreen as the "three major causes of injuries to occupants, within the vehicle, until 1966". Since the introduction in the U.S. of new and radically improved safety designs, fatalities in automobile collisions, involving 1967 and newer models have become exceedingly rare at moderate impact speeds.

As far as the windscreen is concerned, graphs and pictures, derived from an analysis of 1,000 accidents, showed evidence of a sharp reduction in all degrees of injuries resulting from windscreen glazing in post-1966 cars fitted with the high-performance screen.

Although there was initial concern that the increase in windscreen penetration resistance could result in an increase in concussion, loss of consciousness and cervical neck injuries, Mr. Siegel's team and other accident investigating groups found that this had not been the case. His team found no evidence of the type of neck injury mentioned by Dr. Ziffer. In the ensuing discussion, both Mr. Siegel and Professor Gögler drew attention to the need for improving the accident investigation forms used by the Police.

The New Glaverbel Approach to Laminated Windscreens.

The Conference heard about a new approach to windscreen glazing with the presentation of the Glaverbel VHR (Verre à Haute Résistance)—laminated windscreen. Mr. van Laethem's paper was completed by a demonstration at Glaverbel's laboratories, attended by a large number of participants. Like the latest type of high penetration resistant windscreen used in the U.S., Glaverbel's VHR is based on the 0.76 mm. plastic interlayer (polyvinyl butyral) but the two glass sheets are extra thin (0.9 to 1.5 mm.) and especially treated to increase mechanical resistance. The result is a lighter, more flexible windscreen. It offers increased resistance to pointed objects and it retains excellent visibility after breakage.

In case of impact from the inside of the vehicle, it provides increased resistance, whilst the rice-grain-like broken glass particles reduce the danger of cuts and lacerations.

During the discussions, questions were asked about the head's tolerance before the glass breaks. Mr. van Laethem replied that the process and glass thickness could be controlled to remain within the human tolerance limits, during actual collisions. The question was raised, however, whether scientific evidence will show that the high mechanical strength of VHR is not achieved at the expense of injury to the human body.

The general conclusion emanating from the discussions on the windscreen, indicated that, although great strides have been made during the past few years to improve the safety performance of this item, the perfect windscreen has not yet been developed, and much work is under way to improve existing windscreen glazing systems.

The Art Society

Exhibition 1969

The writer has viewed numerous exhibitions of painting and sculpture but has rarely encountered such intimacy, variety and obvious talent as is seen here.

On entering the exhibition a very large picture, which must cover fifty square feet, compels attention. It includes many almost life-size figures and is painted in powder-colour by Andrew Batch. The medium has problems, but these have been mastered, the colours having been kept clean and brilliant. There are three other pictures by the same artist, obviously in different mood but equally commendable.

As a complete contrast the next exhibit, an abstract by Lesley Hutcheon, reminds me of Karl Marc, one of the Blaue Reiter group. There is a second picture further on, and both contain a sufficient element of representation in the colour pattern to start one guessing what they are about, thus creating an interest apart from mere colour, which is very competently handled.

Another distinct method, scraper board, together with some excellent drawings, all by R. B. Kinder, show considerable talent, while a larger charcoal (sailing) demonstrates that the artist can equally well tackle a larger format and a picture rather than studies.

Further variety comes from Morna Van Essen. I particularly liked her treatment of children, which, though highly coloured, reminded me somehow of Lowry. There is much imagination and diversity here.

Another artist possessing exceptional versatility is Henrietta Pels. Her pottery is professional and would certainly be welcome in my own living room. While I am no potter, I detected advanced and complicated techniques in the pieces and I liked the restrained colours. Her paintings show a variety of styles among which the flower piece is outstanding.

A very striking river scene in blue ink is due to Beryl Milner, who also shows a most delightful and colourful harbour picture reminiscent of Dufy. One can never be sure what an artist wants—what is intentional and what is due to immaturity—but I would like to see the boats held down in the water by reflections, which were certainly present in the subject. Even so, this is an excellent picture.

Dr. Grimble has succeeded in producing a most attractive picture in his almost abstract "Chichester Nocturne". Such a name immediately conjures up the name of Turner, and without making comparisons it would seem that this sort of thing is indicated as the direction he should pursue.

The same thing is suggested for the line drawings by T. J. Gibson. The tree is most attractive, while "Cala Fornelles' and a later line-and-wash of a water pump suggest that this is the artist's direction.

C. H. Kinder, obviously a water-colour painter with considerable experience, shows a number of pleasant paintings, while for variation he has included a painting on a sort of sugar paper. It makes a change and stimulates interest.

Further on, "Note Book Extracts", by S. C. Bazlinton, reminds me of my own student days when I was perhaps more interested in drawing than the lecture, but they attract attention, as does the portrait, which has been very carefully painted.

If P. J. Crannfield's "Picassos" are just copies this is a revolution in Art Exhibition practice; but if interest and pleasure are stimulated, why not? I found myself looking at them slightly longer than at some others, as indeed was the case with John Hawkins' "Face One", which attracted attention and discussion. The dark face and complementary dark blue background certainly demanded a second look.

Art forms are legion and the excellent brass rubbings of R. Francis introduce a further note of variety of particular interest to the historically-minded, while D. A. Baker's semi-abstract "Summer Holiday" is in an entirely different vein, very brilliant in colour and quite cleverly suggesting many aspects of the holiday. I prefer these to his representational work.

Near K. Parish's two pleasant paintings is an interesting painting suggesting Monet by Jonathan Shellim, and two bright, sunny paintings by Professor S. Cohen which must surely evoke personal memories. The perspective recession in these is particularly noteworthy, an accomplishment which many amateurs strive to attain.

In a much flatter manner and reminiscent of Cezanne in colouring is "Perigold", by W. N. Mann. This I found quite attractive and hope that the artist will retain this type of treatment as his technique develops.

Four exhibits by C. Boger, not being framed, are not really shown to best advantage. It is a pity, too, that they have not been more carefully preserved. The artist has obviously exceptional natural talent and individuality in all the exhibits. I found the oil painting of fruit especially pleasing and would place it among the best in the show. Next year, perhaps we could see some recent work.

T. W. Higenbottam's modern abstracts will surely command attention and some comment. They are courageous in subject and treatment and indicate skilful control of the medium. In complete contrast, A. M. Savages almost primitive paintings also cannot be passed by.

Finally, among the paintings, the late Dr. Hume Kendall's exquisite gem of Guy's presents the everyday grey frontage in a rich, sparkling manner that must surely make everyone see it in a new light.

The sculpture and craft exhibits are every bit as varied and excellent as the paintings and we look first at the beautifully finished wooden head by Andrew Demetriou, executed in a modern squared manner.

The finely sculptured little figure, only eight inches high, of "Hazel", by C. E. Allen, claimed my attention for some time and I found it most attractive by any standards.

One could not immediately understand Michael Pringle's Head. At first the cracked wood seemed a mistake, but since the hands were so placed to hold the crack together one is left guessing.

Biology and art are married by P. J. King with his Artefacts (Artifacts in Art circles!) in an amusing way, reminiscent, as was remarked, of "sand squiggles". This exhibit and its neighbour by Harold Greenway, probably attracted as much attention as any in the Exhibition, and although I would want neither to live with, they are clever in conception and execution.

The same can be said of D. A. Baker's "Substance and Shadow" and "Cockatrice", by R. Wilper; the latter contrivance is ingenious and produces a kind of sunrise light effect, gradually rising and projected by a lens.

B. A. Wooster's sculptures are modern and professional in design, and their simple and rugged lines would fit well with a contemporary architectural scheme. I have already mentioned the fine pottery by Henrietta Pels.

Finally, and perhaps brightest of all, Rosalind Harvey's Flower Arrangement showed to advantage the brilliant golden yellow and bronze chrysanthemums against the duller yellow background. The stand itself was worth examining, quite cheaply constructed of simple materials.

The Exhibition has been excellently arranged, in a room certainly not purpose-built, and I am sure that with such an enterprising and conscientious Secretary as Morna Van Essen, and the talent and versatility shown by the members, the Art Society should be increasingly successful.

Herbert Randall.

NOTICES

DENTAL ANNUAL CLINICAL MEETING

1st March, 1969

Abbreviated Programme

MORNING SESSION (10 a.m.—12 noon)

Anatomy Lecture Theatre, Medical School

11.45 a.m. Lecture: The Changing Face of Oral Infection. Mr. R. C. Bret Day.

Theatres Nos. 5 and 7 (First Floor, New Guy's House)

Operations commencing at 10.00 a.m.

General Anaesthetic Extraction Room (First Floor, Out-Patient Department)

10.00 a.m. Multiple Pinlays. Mr. A. R. F. Thompson.

There will be **Demonstrations and Displays** in all the departments of the School.

AFTERNOON SESSION (2 p.m.—4 p.m.)

Dental Lecture Theatre

2.15 p.m. Lecture: Cases you have sent. Professor R. A. Cawson.

Anatomy Lecture Theatre, Medical School

3.00 p.m. Lecture: Dentistry in Latin America. Professor W. J. Tulley.

There will be **Demonstrations and Displays** in all departments of the School.

Tea will be served in the Cafeteria, East Wing, Guy's House, at 3.30 p.m.

Programmes giving full details will be available at the Clinical Meeting.

The Annual Dinner of the Guy's Hospital Dental Society will be held on March 1st, 1969, 7 for 7.30 p.m., at the Park Lane Hotel, Piccadilly, W.1. The President, Mr. J. W. Mansie, will be in the chair. Ticket are £2 10s. 0d. each and any guests within the profession will be welcomed. Tickets are obtainable from the Hon. Dinner Secretary, Dental Department, Guy's Hospital, London, S.E.1.

RUGBY CLUB BALL

Guy's Hospital Rugby Club Annual Ball will be held on March 13th, 1969, at Quaglino's, Burt Street, St. James's, W.C.1. Tickets (5 gns.) are available from C. G. Rowland, East Wing.

Concert—Recital

The Music Club will present a concert–recital on the Dance Floor of the East Wing on Thursday, March 13th. If anyone cares to make some contribution to this informal entertainment, their offers will be most welcome, and should be received by Peter Stevenson-Moore, c/o East Wing, as soon as possible. It is hoped to include quartets, instrumental and vocal soloists, in a performance lasting approximately one hour.

"Tower Power"

You are reminded that 12in. long-playing records of the recent Residents' Play will be available, at the low inclusive cost of £1. The records will come complete with printed cover and a complimentary copy of the programme. Please send orders, accompanied by £1 cheque or P.O., and name and address (or department within the hospital), to the President of the Residents, East Wing, Guy's Hospital, London, S.E.1. Orders should be received before Saturday, 22nd February.

Pupils' Physical Society

A debate was held by the society on Thursday, the 23rd January, in the Anatomy Theatre. The motion discussed was : "This House considers that the present Medical Curriculum prepares the student to meet the Examiner rather than the Patient."

The Chairman, Mr. Peter Sims, introduced the speakers, Professor Hunt, Dr. Simpson, Dr. J. Fry and Mr. M. Price.

Professor Hunt, opening the debate, put his case clearly that the examination was the student's incentive to work, and that the priority of any curriculum must be education. The curriculum should teach the student to be logical and constructively critical in every situation ; the examination being the only assessment of progress he found acceptable.

Patients expect up-to-date knowledge, and one's aim should be the conscientious application of a first-rate education to their situation.

Dr. Fry's opposition was, he claimed, justified by the high standards of medical care in this country. The end results of the curriculum are doctors of high quality, and he thought that the student's time on the wards prepared him to meet the patient as well as the examiner.

He had taken years before he felt he was completely capable of meeting his patients, but the curriculum had played a great part in this preparation. Education must be considered as a slow process, and the curriculum as laying a sound foundation for the students' future meeting with his patients.

Dr. Michael Simpson, seconding the motion, laid great emphasis on the practical education of students, and said this was grossly deficient. He urged a place for freer student participation in such practicalities as lumbar punctures, catheterisations, and drips. He similarly maintained the examination system as the only form of assessment in practical and theoretical matters.

Lastly, Mr. Max Price, in a genetical fantasy told us, "Doctors are not born, they are made—I say this notwithstanding the extraordinary family history which was, until recently, required of the aspiring novice in this particular temple. It seems to me that those in high places must have been conducting some elaborate genetic experiment to determine the inheritance of a Guy's gene. At one time this seemed to be sex linked, carried on the Y-chromosome, but since the admission of women this theory has had to be modified."

He proceeded to show that the student years saw a transformation from long hair and sweater to a confident, smooth young doctor. The curriculum prepared him to meet the patient by bringing out that which was good in him, and the clinical years were clearly patient orientated.

Several speakers from the floor aired their views and finally a vote was taken with the motion being carried by 31 votes to 18 votes. There were 14 abstentions.

In conclusion, Mr. Peter Sims thanked the speakers on behalf of the society.

Nigel Jones (Hon. Secretary).

Guy's Hospital Theatre Club

The Annual Dinner will be held at the Griffin Grill, Villiers Street, Charing Cross on Thursday, 6th March, 1969, 7.30 for 8 p.m.

The cost of the meal will be 27s. 6d. per head. Applications to A. S. Blinkhorn, Dental Department.

NURSING:

THE DISPOSABLE NURSE

Many members of the nursing profession probably never have the opportunity to read the British Medical Journal. This being so, they will be unaware that on January 18th, 1969, Miss Brysson Whyte, Principal Nurse Tutor, was invited to give her "Personal View".

To epitomise her article: a brief and light-hearted survey of the historical prologue to the template of present-day nursing was circumscribed by the questions, "What *is* a nurse and what *is* nursing and what *is* the station of nursing education." As for nurse education, with its equally precarious evolution, what is the situation today, asked Miss Whyte. Young women with a broad spectrum of scholastic qualifications—broader than demanded on entry for most other professional trainings—are moulded into—WHAT? On the completion of three years' training, the end product is, to quote Miss Whyte, "Neither a trained nurse at the bedside nor an efficiently prepared worker anywhere else". To equip herself for nursing in any specialised area she needs further training.

As it is, once she is qualified she is supposed to be (as she always has been) a competent staff nurse, with the absolute minimal preparation, if any at all. From then on, apart from any first-line management course, she may be fortunate enough to attend, her professional development will be entirely empirical.

The writer continued by considering how the machinery might be made more efficient and less wasteful, since, whichever area a young woman decides to enter, the basic training is the same. One solution proposed was to give the majority of nurses a two-year training for the Roll, while the minority trained for future leadership.

Finally, Miss Whyte, in her own inimitable style, put forward the concept of "The Disposable Nurse". She would be recruited, as for National Service, between the ages of 18 and 21, with certain exceptions. They would provide the labour force, both nursing and domestic, to look after all categories of patients. There would be no formal training; the nurses would glean it as they went along. They would nurse in any area, by day or night, as needed, with no G.N.C. syllabus or plan of training to be an impediment.

Apart from the money saved on nurse training annually (£4m.), there would be little disruption to the present system and the majority, at the end of their service, would be disposed of to more individual domestic duties.

Such is the synopsis; yet beneath this jocund approach are posed many serious problems and proposals.

How can girls of such diverse academic backgrounds all be expected to cope with the same training for State Registration? The numbers of State Registered and Enrolled Nurses must be reversed; then, perhaps, attitudes might change. Likewise, the potential leaders of the future must have a more realistic and controlled training.

As for the disposable nurse, well, she might wear that appellation now, since a large number are attracted to sunnier climes or more remunerative occupations. Why does she withdraw herself before or on completion of her training, that is another problem, not too far divorced from the above-mentioned ones.

However, whether she becomes Enrolled or Registered or Disposable, one cannot eschew the original question, "What is a nurse?" To quote a doctor, who recently lectured a senior school of student nurses, "Is she there (i.e. in the ward) to clean the bath or is she a cheap retrieval system." Acknowledging that she has to perform both, plus a lot more irrelevant tasks, one hopes, albeit knows, that her unique position at the hospital bedside, or in the community, cannot be replaced by any electronic device or disposable. Until we make up our minds what she is and what we expect of her, then any reformation of her present training shall have been in vain.

(I would like to thank the Assistant Editor of the British Medical Journal and Miss Whyte for their permission to use the article.)

The patient's notes are no place to express the doctor's irritation or sense of humour

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CORRESPONDENCE

G. H. Osborne

SIR,—I should be grateful if you would allow me space in your columns, in order that I might thank the many members of the Hospital and Medical School, who contributed so very generously to the presentation recently made to me on the occasion of my retirement. Naturally I would have preferred to thank them all individually, but they were so many that this would scarcely be possible. I should like to take this opportunity to thank all those at Guy's who have made my working life such a very pleasant one.

Yours, etc.,

G. H. OSBORN.

Department of Pathology,
Guy's Hospital Medical School,
London Bridge, S.E.1.

Flowers

SIR,—Would you be kind enough to bring to the notice of your many readers, far and wide, that they can send flowers to their friends here in the hospital by ringing HOP. 7600 Ex. 398.

Yours, etc.,

M. K. SALMON,
Hon. Secretary.

Guy's Hospital Ladies' Association,
Guy's Hospital, London, S.E.1.

Drug Prescribing

SIR,—I hesitate to trespass further on your valuable space, but perhaps you will allow me to reply to Dr. Knight. We are both agreed, I hope, that the prescriber should choose the most efficacious drug for the lowest price, irrespective of whether it is a proprietary drug or not. There is nothing reprehensible about prescribing a proprietary product if it is shown to be the best drug for a particular condition. Where there are two or more drugs containing the same generic equivalent, it does not follow that they are of equal therapeutic efficacy. Unfortunately, there have been few clinical trials to determine which of these supposedly equivalent drugs is the best.

In the absence of comparative trials of generically equivalent products, it is understandable that some prescribers favour the original maker, while others favour the products of manufacturers who have shown themselves to be leaders in research and production of the drugs of the group concerned. However, there have been occasions when relatively obscure companies have produced drugs that have been significant advances on existing products.

Please allow me to correct the spelling of my name, otherwise some of my friends will think I am hiding behind a pseudonym!

Yours, etc.,

E. N. PULLOM.

Haymarket Publishing Group MIMS,
Gillow House, 5, Winsley Street,
Oxford Circus.

[*Our apologies to Mr. Pullom.*—EDS.]

Student Loans ?

SIR,—Towards the end of my time at Guy's, I found I had difficulty to live and pay my fees. The Dean looked around and found some money. In due course I repaid the loan which was given to me to qualify and with which I was enabled to get some work.

Many things are changed in the academic world and no doubt changed for the better. But one thing is certain. It is now more costly for the taxpayer.

Yours, etc.,

JOHN C. DOMINICK.

Treniffle Lodge, Lawhitton,
Launceston, Cornwall.

"Poltergeist ?"

With reference to your article printed 1st February, page 53: "Things that go bump in the night", we wish to report an unusual occurrence in the Radio-Isotopes Hot Lab., 4th Floor, Hunt's House, at the base of the tower. The Hot Lab. is an isolated small room, access to which is by a curved staircase. On several occasions a small number of disposable syringe needles in cases have come hurtling into this lab. No footsteps were heard on the stairs and as far as could be determined nobody stood on the 4th Floor landing. In any case, one would have to descend six of the stairs to throw into the room.

One of us, R.B., has observed all these occurrences, and others, J.C. and J.G., are witnesses to one occurrence.

Yours, etc.,

R. BURDEN, J. CRAWLEY, J. GREEN.

Nursing Administrators

SIR,—The fact that no hospital will ever again function independently must be accepted. What is happening in every hospital in Britain must be the concern not only of every nurse, but of every citizen.

Guy's Student Nurses recently posed the question as to whether they would welcome male student nurses on their wards.

Their question might have more aptly been whether they would be prepared to welcome a male Principal Tutor and a male Principal Nursing Officer. There is nothing to bar this happening. In a January issue of a nursing paper, out of twelve power posts awarded, seven went to male nurses. This raises the question as to how many female nurses are interested in these power posts.

An article in the December issue of *World Medicine* by Mr. Maurice Ellis, a consultant surgeon, contained these words: "I have read the Salmon report without enthusiasm. The patients and the doctors know that the experienced ward sister is of far more value than any matron or trainee matron. The Matron is an administrator rather than a nurse. There must be a large number of administratively trained married women who have got the children off their hands. Could we not in 1969 recruit one of these women to be a nursing administrator and leave trained nurses to look after the patients?"

If I could be permitted to give an opinion as to what I would like to see in 1969, it would be to see some of the married trained nurses who are working in hospitals directed to shepherding the student nurses for the first few months when they enter the wards, leaving the shelter of the training school behind. The trained nurses would need to be carefully selected for this post, and could be under the supervision of the clinical tutor. They would spend most of their time in ward sluices, in direct contact with student nurses.

Yours, etc.,

MARY GRANT.

The Cowdray Club, London.

SPORT

RUGBY

HOSPITALS' CUP. SECOND ROUND.
GUY'S v. U.C.H.

Tuesday, January 28th, at Hale End.
Result: Won 41—0.

On the wettest day of the winter a small band of hardy spectators made their way on to Hackney Marshes to watch the first appearance of Guy's in the Cup. The pitch was very wet, with large pools of water covering the majority of the field. By the end of the match the surface was badly cut up, and even more slippery than at the beginning. In spite of this, the rugby was of a very high standard. Guy's were superior in all aspects of the game, but the basis of their win was undoubtedly the speed and strength of the pack. There was, therefore, plenty of possession to make use of (and, in the conditions misuse of). However, a splendid willingness to attempt to run with the ball combined with a sensible use of feet when the ball went on the ground, ensured plenty of movement and interest throughout. U.C.H. were unable to match the speed and fitness of Guy's, and this was really most apparent in the last fifteen minutes. The first half was dominated by Elliott's kicking from fly-half as he was able to find huge gaps in the opposing defence and gain ground consistently. Only bad luck and desperate last-ditch methods prevented Guy's scoring more often. Indeed, nine of the first seventeen points were from penalties, taken by W. Davies, all for lying on the ball or handling in the loose rucks. U.C.'s tackling and covering were admirable, but in the first thirteen minutes they were unable to enter the Guy's twenty-five.

The pack were playing very well, and on two occasions gained fifty yards by good handling movements. The half-backs, by prompting the majority of the movements, kept a tight control on the game. The second half provided some fine movements by the backs, including a wonderful catch by Shutes at full speed, who was only just prevented from scoring. A similar fate awaited a good break by Price when he outran all support. Ross took the limelight with three great tries, the third of which involved a seventy-five yard run and left five battered and bemused defenders lying in his wake.

Scorrers were: Davies W., 3 penalties, 3 conversions, Ross 3 tries, 1 conversion, Price 1 try, Elliott 1 try, Merrett 1 try, Smith 1 try, Neville 1 try.

Team: W. Davies, J. Ross, J. Price, D. Smith, J. Shutes, D. Elliott, D. Merrett, J. Davies, G. Hey, S. Challacombe, J. Stoneham, M. Cockburn, R. Blackwood, C. Neville, P. C. Williams.

SOCCER

GUY'S I v. ST. THOMAS'S I

H.O.P. January 25th, 1969

Having kicked off in one of the usual wintry quagmires down at H.O.P., Guy's were limited in their play (as were St. Thomas's), allowing the mud to dictate the game; instead of swinging the ball across the field, too many passes were two-yard efforts.

However, as during most of the match Guy's were the more enterprising and dangerous of the teams in attack, it came as no surprise when Guy's took the lead mid-way through the first half. All the credit for the first goal must go to Colin Baker, the bustling centre-forward, who, having beaten one defender, had the ball blocked twice by the opposition goalie before he slid the ball into the back of the net.

About fifteen minutes later, Guy's were two up when a well-taken pass from the rear was pounced upon by Baker to be shot goalwards.

Although the general momentum slackened in the second half, Baker nearly completed his hat trick by hitting the upright with a good shot. St. Thomas's pulled one back when a centre from the right wing was not cleared and the left winger scored easily. The Guy's attack was depleted during this latter half by a foot injury to Poole, found later to be a broken toe.

Though last year's Cup Final defeat was avenged, Guy's still have to learn how to take full advantage of all the opportunities they may create in the goal-mouths.

Team: Wood, Edwards, Taylor, Lovell, Davey, Poole, Nash, McClure, Baker, Drage, Godber.

G. FORBES.

HOCKEY

GUY'S v. TULSE HILL II

January 25th, 1969, at H.O.P.

Won 2—0.

Tulse Hill II came to Guy's with an unbeaten record and the reputation of being the best second eleven in the first-class clubs. Their team contained a county player and an international, so that the quality of this win is extremely high.

The first ten minutes saw the ball being moved around at high speed by both sides and the two centre-forwards went close to scoring at each end. The Guy's side began to control the mid-field, due mainly to the energies of C. R. Pearson at centre-half and R. Goodhart at right-half. These two laid on a succession of good passes and once again A. Winskill was seen using his strength and speed to beat the opposition and to create a certain amount of panic in the circle. Despite this, the score sheet remained blank at half-time.

During the second half the superior fitness of the Guy's side began to show, and with R. Clark chasing the Tulse Hill centre-half to upset his game, the team really began to go forward. The whole team played with tremendous fire and spirit and eventually a short corner was awarded. David Crafts, rising magnificently to the occasion, blasted the ball into the left-hand corner of the net. The attacking by Guy's continued after this and the Guy's defence were little troubled. Any breakaways were dealt with by Vellacott in his usual quiet, efficient manner. The second goal came about ten minutes before the end, when Roger Burns went through the full-backs by using his skill and beat the goalkeeper with a well placed, hard shot.

This is the best hockey Guy's has played all season and if the team can continue to play in this manner then the Cup can easily come to Guy's.

Team: R. R. F. Clark, M. Vellacott. D. Crafts, R. Goodhart, C. R. Pearson, R. Kendrick, P. Bundred, R. Burns, R. Clark, S. Cripps, A. Winskill.

R.W.K.

GUY'S v. N.P. BANK

February 2nd, 1969, at Beckenham.

Lost 2—1.

On a very heavy pitch, with a strong, cold wind blowing down the field, Guy's lost to the N.P. Bank in a very poor game. It was a pitch which made dribbling extremely difficult and the correct game on the day was hit and run. In goal for Guy's was, as usual, R. K. F. Clark, fresh from his great success with United Hospitals in Cambridge. Despite the fact that U.H. lost 5—0, the representative from Guy's certainly caught the eye of the Press and, we hope, the county selectors ("the superb Clark"—*The Times*).

Guy's played the first half down the slope with their backs to the wind, and soon were under pressure through not hitting the ball away strongly. They did, however, score first through R. Clark (junior), who took a through pass from N. Dodd, substituting for S. Cripps, who was away at a wedding (not his own). Instead of consolidating this lead the Guy's defence promptly allowed the Bank centre-forward to score a weak goal after about a minute. The first half finished with the score 1—1.

During the second half, with pitch cutting up badly, the Guy's side went from bad to worse. Everybody tried to do too much with the ball and instead of hitting the ball about hard it was shovelled around until it stuck in a hole and allowed to be collected by the opposition defence. The left wing was starved of the ball so that we didn't even have the sight of Winskill crashing down the wing. The whole side seemed determined to play the ball down the right, who promptly refused to part with it. The Bank's winning goal from a well-taken short corner which beat Clark and Crafts. There then followed a period of continuous pressure for the Guy's defence, and R. Clark was called upon to show the full range of his skills.

This is on the whole a very disappointing result and game for the Hospital, and one can only hope that all the bad habits have been worked off before next Wednesday, when we play Barts in the Cup.

Team: R. R. F. Clark, M. Vellacott, D. Crafts, R. Goodhart, C. R. Pearson, R. Kendrick, P. Bundred, R. Burns, R. Clark, N. Dodd, A. Winskill.

R.W.K.

U.H. HOCKEY CUP SEMI-FINAL
GUY'S v. BART'S

February 5th, 1969, at Chislehurst.
Lost 1—0.

This was the first time in the Cup competition that Guy's came up against really good opposition, and although as a team it could probably be said that Guy's were the more skilful side, etc., they allowed themselves to be rushed off the ball and upset when things didn't go the right way. Bart's showed themselves to be the better cup side and so go on to meet St. Thomas's in the final on 26th February, on the Westminster Ground, Cobham (St. Thomas's beat St. Mary's 7—1).

Guy's having lost the toss, played downhill in the first half and were soon on the attack. Despite a number of chances from passes from both wings, Jorden, the Barts' goalkeeper, wasn't called into action. Soon Guy's won a short corner, but for the first time this season Pearson had an off day with his hand stopping, and so three out of the five chances went west without a shot being offered. So came half-time with Guy's playing half paced and looking as if they expected the goals to come to them rather than making them. Barts were playing a modern 4-2-4 formation and W. Houghton ,the Barts' captain, and T. van Swannenberg, the dual centre-halves, or link men, were playing supremely well.

The second half was a repeat story of the first, with Guy's looking as if they should score but never finding a way past the rugged Barts' defence. Barts' winning goal came half-way through this half, when they had a free hit on the left side o fthe field. The ball reached the right winger on the top of the circle and he, when challenged, slipped the ball to his half-back, who was overlapping down the wing. He mishit his shot at goal and the ball never reached Clark and the inside-right ran in and hit the ball firmly past Clark. Now, despite all the efforts of Cripps and Pearson, a way could not be found past Jorden. The attack went close on occasions, Winskill hitting the side netting, Clark having one saved by the top of the full-back's stick, and thus full-time came and Guy's were beaten.

It was very sad to lose after the high promise of the early part of the season, especially the wins against Woking and Tulse Hill II, but we are still in the University of London Cup and so there is plenty left to play for. We must wish N. Houghton and his side all the best in the final.

Team: R. R. F. Clark, M. Vellacott, D. Crafts, R. Goodhart, C. R. Pearson, R. Kendrick (capt.), P. Bundred, R. Burns, R. Clark, S. Cripps, A. Winskill.

R.W.K.

U.L. CUP. 2nd ROUND.
GUY'S v. ROYAL HOLLOWAY COLLEGE

January 22nd, 1969
Won 6—0.

Despite a large amount of rain in the preceding days, the pitch at Honor Oak Park was in very good condition, and here the Guy's forwards had a field day. Right from the "bully off" the ball was moved around quickly but despite continual pressure, Guy's failed to score for the first ten minutes, mainly because of people standing offside or doing sticks. Cripps eventually showed the way with a fine shot from the top of the circle after Bundred's cross had beaten the opposition. Clark (jun.) soon made it two with a fine run and shot which beat the advancing goalkeeper. The first half came to a frustrating end with the attack pounding away at the massed ranks as five individuals rather than a forward line tried to score.

Soon after the start of the second half Clark again beat the goalkeeper with a sweep shot from Burens' centre. This was probably the best goal scored by Guy's for a long time, as it was a move which evolved on the left-hand side of the field between Cripps and Winskill, Cripps hit a beautiful square ball to Burns, who broke through to the goal line to centre for Clark to convert. Winskill, who has been playing consistently well this season, then managed to get in on the goal scoring. This was his first goal for four seasons and so excited was he that he promptly went and did it again. The sixth goal came from Clark to complete his hat trick for the day.

This was a very good win, despite the poor opposition. Crafts and Vellacott played extremely well again, especially Crafts in his new-found role of attacking full-back. I should also like to thank Dr. C. J. Hunter-Craig for turning out to umpire for us at such short notice, and for all umpiring he has done for the club this season.

Team: R. R. F. Clark, M. Vellacott, D. Crafts, R. Goodhart, C. R. Pearson, R. Kendrick, P. Bundred, R. Burns, R. Clark, S. Cripps, A. Winskill.

R.W.K.

WATER POLO

UNIVERSITY LEAGUE

For the first time in several years, Guy's are in the first division of the University League, and in the games played so far this has been fully justified. Not only did the return of Roddy Jones make a vast difference, the whole team is playing very well.

14th January v. U.C. Lost 0—11.

This is the only poor result. Jones was not playing, and U.C. have three outstandingly fast players. The worrying thing was not the number of goals conceded, which rather flattered U.C., but the inability to score.

23rd January v. I.C. Lost 4—6.

Guy's played well, but again could not get the goals until the third quarter, when three by Challacombe and one by Jones brought us within one goal of the opposition, and the result was in doubt until the end.

30th January v. Q.M.C. Won 5—0.

This was an easier win than the score suggests—the goals by Challacombe, Jones and Northcott were accompanied by several unnecessary misses.

3rd February v. I.C. Drawn 3—3.

This was an excellent game. The score alone shows how well Guy's played, especially considering Challacombe's absence. Howard was outstanding in goal; the three goals they got were not the only ones that he seemingly had no chance of saving.

I.C. scored first because of the only defensive mistake Guy's made, but this was soon equalised by Northcott. A neat goal by Jones from Davidson's pass gave Guy's a lead in the second quarter, which was held until near the end. When I.C. equalised, Northcott scored from the throw-off. But in the last seconds, Guy's conceded a penalty, which gave I.C. a draw, for which they must have been very thankful.

4th February v. U.C. Lost 4—5.

Against the team which is apparently the best in the League, the initial intention was just to keep the score down. In fact it turned out to be the most outstanding showing by the Guy's attack, with Jones and Challacombe the obvious stars.

By the last quarter, Jones had scored two and Challacombe one goal. U.C. pulled away to a two-goal lead, but Challacombe's penalty allowed us to threaten a draw with attack after attack in the last minute.

Despite failing to pick up a point, this is the best result so far.

6th February v. Q.M.C. Won 8—2.

In this game against a weakened Q.M.C. side, scorers were: Jones, Challacombe, Davidson and Northcott.

Team: Howard (captain), Davidson, Bevis, Howell, Evans, Jones, Northcott, Adkins, Challacombe.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the post of **Registrar** (Middle Grade) for one year commencing as soon as possible. The Unit, which is housed in the Maudsley Hospital, serves Guy's, King's College and the Bethlem Royal Hospital and Maudsley Hospitals. Applications should be made by the 17th February, 1969 to The House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Temporary Medical Registrar** to the Guy's Hospital Group, at St. Olave's Hospital, with duties to commence 3rd March, 1969 or as soon as possible thereafter and appointment until 30th September, 1969 in the first instance. Application forms are obtainable from the Superintendent, and should be returned not later than **24th February, 1969.**

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of ***Junior Registrar** in Surgery with duties to commence on 1st April, 1969 and appointment until 30th September, 1969 in the first instance. The post is a rotating one with duties either at Guy's Hospital or the Guy's/Maudsley Neurosurgical Unit. Applicants should have passed the Primary F.R.C.S. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be returned not later than **24th February, 1969.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited for the post of **Junior Lecturer** in the Department of Anatomy, with duties commencing as soon as possible. Salary in the range £1,415 to £1,775 (under review) according to qualifications and experience. Applications should be made as soon as possible on a form obtainable from the Dean.

HOSPITAL APPOINTMENTS

GUY'S HOSPITAL

HOUSE APPOINTMENTS

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Bishop	Mr. M. J. Cheesbrough 3 *months* Mr. R. E. Cowan 6 *months*
Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Deuchar	Mr. J. Reeve 3 *months* Mr. P. Hall 6 *months*
Dr. Baker, Dr. Houston and Dr. Grimble	Mr. A. Calin 3 *months* Mr. J. B. Kelynack 6 *months*
Dr. Kauntze and Dr. Joiner	Mr. H. J. Rogers 3 *months* Mr. J. G. L. Morris 6 *months*
Professor Butterfield and Dr. Lessof	Mr. N. Curry 3 *months* Mr. T. R. G. Howard 6 *months*

House Surgeons

Professor Sir Hedley Atkins	Mr. A. M. Seal 6 *months*
Mr. Wass	Mr. M. C. E. Hutchinson 3 *months*
Mr. Blackburn	Mr. G. A. Corbett 6 *months*
Mr. Lawrie	Mr. R. D. Spicer 3 *months*
Mr. Glover	Mr. J. R. Dare 3 *months*
Mr. Beard	Miss J. A. Brydone 6 *months*
Mr. Maynard	Mr. I. V. Whitmore 3 *months*
Mr. Ellis	Mr. J. C. Cutting 6 *months*

House Surgeon to the Surgical Unit

Mr. R. C. H. Taylor	3 *months*

Gynaecological House Surgeon

Mr. P. J. Whorwell	6 *months*

Throat and Ear House Surgeons

Miss R. Seifert	3 *months*
Mr. I. G. Crossman	6 *months*

Orthopaedic House Surgeons

Mr. B. Naylor	3 *months*
Mr. D. F. Brown	6 *months*

Genito-Urinary House Surgeon

Mr. R. D. Forrest	3 *months*

Children's House Physicians

Mr. J. H. Tripp	3 *months*
Mrs. R. M. F. Silk	6 *months*

House Physician to Dr. Bishop and Radiotherapy

Mrs. J. S. Pugh	6 *months*

Casualty Officers

Mr. E. P. Davis	3 *months*
Mr. V. G. Williams	3 *months*
Mr. A. L. Thomas	3 *months*
Mr. M. G. Falcon	6 *months*
Mr. T. A. Harrison	6 *months*
Mr. N. A. Watson	6 *months*

Resident Obstetricians

Mr. C. N. H. Cawthorne	3 *months*
Mr. J. R. Gibbs	6 *months*

Neurological House Physician

Mr. J. G. Pickering	6 *months*

Dermatological House Physician

Mr. D. H. Rose	6 *months*

House Physician in Child Psychiatry

Miss A. Curran	6 *months*

House Surgeons to the Thoracic Unit

Mr. P. D. M. Ellis (S.H.O.)	6 *months*
Mr. S. B. Janvrin	3 *months*

House Physicians in the Department of Psychological Medicine

Mrs. A. M. Birch	1.3.69—30.9.69
Mr. W. P. J. C. Onyeama	1.3.69—30.9.69

Resident Anaesthetists

Mr. D. P. G. Griffiths	3 *months*
Mr. A. P. Warin	3 *months*
Miss J. E. Parry	6 *months*
Mr. J. E. C. Twentyman	6 *months*

R.M.O.s in Nuffield House

Mr. K. W. Kennedy	3 *months*
Mr. J. D. Salomon	6 *months*

Children's House Physicians at Evelina Hospital

Mr. M. E. Pembrey	1.10.68—31.3.69
Miss M. H. Lysaght	1.12.68—31.5.69
Mr. D. L. Beales	1. 2.69—31 7.69
Mr. D. L. Ingram	1. 4.69—30.9.69

Casualty Officers at Evelina Hospital

Mr. F. F. T. Djabanor	1.2.69—31.7.69
Mrs. D. J. Siggers	1.2.69—31.7.69

ST. OLAVE'S HOSPITAL

House Physicians:
Mr. J. G. Payne
3 *months*
Mr. P. H. R. Gill
6 *months*
House Surgeon:
Mr. D. B. Silk
3 *months*
Senior House Surgeon:
Mr. J. S. Gregson
3 *months*
Gynaecological House Surgeon (S.H.O.):
Mr. M. F. Rumpus
6 *months*
Casualty Officer (S.H.O.):

6 *months*
S.H.O. in Psychiatry:
Mr. J. A. Mullaney
6 *months*

NEW CROSS HOSPITAL

House Physicians in Medicine and Geriatrics:
(S.H.O.) Mr. B. M. Bassil
3 *months*
Mrs. J. M. Warin
3 *months*
(S.H.O.) Mr. B. D. W. Harrison
6 *months*
Mr. S. H. Siggers
6 *months*
Orthopaedic House Surgeons:
(S.H.O.) Mr. J. G. Cochrane
3 *months*
Mr. W. W. Davies
3 *months*
Senior House Officer to the Rehabilitation Unit:
Dr. El Sawy
1.1.69—30.6.69

BECKENHAM HOSPITAL

House Surgeon:

6 *months*
House Physician:
Miss J. H. Higgs
6 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Disease:
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. B. J. Rowlands
3 *months*
House Surgeon to Mr. Le Brun:
6 *months*
House Surgeon to Mr. Lynn Evans:
6 *months*
House Physician to Dr. Roberts:
Mr. R. J. Baxter
3 *months*
House Surgeon to Mr. Williams:
Mr. P. C. V. Ramage
3 *months*
House Physician to Dr. Llewellyn-Smith:
Mrs. G. W. M. Baird
6 *months*

MILLER HOSPITAL

House Physician to Dr. Hartley and Dr. Lessof:
Mr. G. A. W. Ross
6 *months*
Mr. W. L. Brander
3 *months*
(S.H.O.) Mr. D. G. A. Watson
6 *months*
House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner:
Mr. E. Elias
3 *months*
House Surgeon to Mr. O'Flynn and Mr. Fyfe:
Mr. M. Bahemuka
3 *months*
House Surgeon to Mr. Sandry, Mr. Candy and Mr. Gabe:
Mr. D. F. Hewat-Jaboor
6 *months*

ORPINGTON HOSPITAL

House Surgeon with Physical Medicine:
Mr. C. E. L. Freer
3 *months*
House Surgeon with E.N.T.:
Mr. C. J. C. Willard
3 *months*
House Surgeon with Gynaecology:
Mr. R. Aumeerally
3 *months*

PEMBURY HOSPITAL

House Surgeons to Mr. Gibson and Mr. Lavy:
Mr. J. A. Vale
3 *months*
6 *months*
House Physician to Dr. Miller and Dr. King:
Mr. R. A. Billings
3 *months*

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott:
Mr. R. A. Williams
3 *months*

P. J. HELLIWELL
Superintendent

February 5th, 1969.

PERSONAL

BECKENHAM, KENT—Vacancy for young Assistant with view to eventual succession in old established dental practice in outstanding position. Three well equipped surgeries, laboratory and spacious living accommodation. Freehold property to be leased with option to purchase after an agreed period. Rapidly expanding population giving excellent opportunity to two or more young colleagues. Box No. 10/2.

WANTED—2/3 tenants to share house in Orpington with Guy's doctor and wife. £3 15s. 0d. per week basic, each. Ideally situated for London and country. Apply Dr. Gibbs, Box No. 8/2.

TUNBRIDGE WELLS—Recently qualified Dental Surgeon required as an assistant with a view to expense sharing partnership in a busy progressive practice housed in purpose-built modern surgery block. Full chairside and clerical assistance, hygienist, laboratory on premises. Box No. 6/2.

CHANGE OF ADDRESS

Dr. T. R. Wooldridge, M.R.C.S., L.R.C.P., P.O. Box 24, Port St. Johns, West Pondoland, South Africa.

Mrs. G. M. Barnard, 22 Rushfield Road, Liss, Hants.

Sister Mary Colombiere, New St. Vincent's Hospital, Elm Park, Donnybrook, Dublin, 4.

G. Morwent A. Brown, L.D.S., 15 Seabank Esplanade, Penarth, Glamorgan, CF6 2AR.

Dr. John Michael Latham, B.M., B.Ch., D.R.C.O.G., Abbots Lodge, 85 The Street, Rustington, Sussex.

SQN. LDR. M. D. Gann, L.D.S., R.C.S., R.A.F. Holton, Aylesbury, Bucks.

Surg. Lt. CMDR. J. B. Gornall, R.N., H.M.S. Blake, B.F.P.O. Ships.

BIRTHS

ROBERTSON—On 24th January, 1969, at Sheephouse, Maidenhead, to Helen and Kenneth Robertson, L.D.S., R.C.S., a son, Stuart James, a brother for Bruce, Caroline and Ian.

HALL—In Swindon, to David and Felicity (Awde), on 17th January, 1969, a son, Matthew.

DEATHS

KENDALL—On 25th January, 1969, as the result of a road accident, Nicholas Edward Kendall, F.R.C.S. aged 78 years.

ROE—Timothy Roe, M.B.B.S., husband of Susan (née McCord) of Winnipeg, Canada (of Guy's and Evelina) in Kew Hospital in Invercargill, New Zealand, on January 25th, as a result of a road accident.

GORDON—Dr. Arthur Gordon, M.R.C.S., L.R.C.P., aged 74, at his home in Nottingham on 18th January, suddenly.

BUNYAN—On 27th January, 1969, peacefully in her sleep after a long illness, Helen Edith, beloved wife and helpmate of John Bunyan, of 22 Seymour Street, Portman Square, London, W.1., and mother of John, Susan Heath and Vashti.

PAPERS BY GUY'S MEN

Abrams, M. E., Chamberlain, J. & others. A computer-based general practice and health centre information system. *J. R. Coll. gen. Pract.*, 1968, **16**, 415.

Anderson, D. J. Studies on sensory mechanism in teeth. *Ann. R. Coll. Surg.*, 1968, **43**, 331.

Atkins, Sir H., Bulbrook, R. D., Falconer, M. A., Hayward, J. L., MacLean, K. S. and Schurr, P. H. Ten years' experience of steroid assays in the management of breast cancer, *Lancet*, 1968, **2**, 1255.

Atkins, Sir H., Bulbrook, R. D., Falconer, M. A., Hayward, J. L. MacLean, K. S., and Schurr, P. H. Urinary steroids in the prediction of response to adrenalectomy or hypophysectomy. *Lancet*, 1968, **2**, 1261.

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Craft, M. The natural history of psychopathic disorder. *Brit. J. psychiat.*, 1969, **39**.

Dyde, J. A. & another. The effect of intermittent positive-pressure respiration on the speed of blood-flow in the deep veins of the lower limb. *Brit. J. Surg.*, 1968, **55**, 917.

Fry, J. & another. The mood of general practice and the need for professional leadership. *J. R. Coll. gen. Pract.*, 1968 **16**, 437.

Gazet, J. C. & another. Effect of antilymphocyte serum on growth of Hep 2 and Hela cells in mice. *Nature*. 1968, **22**, 1140.

Gorrill, R. H. and McNeil, E. M. Problem of staphylococcal lodgement in the mouse kidney. *J. Pat. Bact.* 1968, **96**, 431.

Kark, R. M., & others. Transient and permanent deafness following treatment with ethacrynic acid in renal failure. *Lancet*, 1969, **1**, 77.

Keen, H., Jarret, R. J., Chlouverakis, C., and Boyne, D. R. The effect of treatment of moderate hyperglycaemia on the incidence of arterial disease. *Postgrad. Med. J.*, 1968, **44**. 960.

Lewis, T. L. T., The abortion act. *Brit. med. J.*, 1969, **1**, 241.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

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Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2103

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole

PASSIM

Doctors from Abroad

Recent statements concerning doctors coming from other (under-developed) countries, whilst being generalisations of the broadest, and therefore the worst, kind, have drawn attention to the seriousness of the problem of Medical Manpower in this country.

As things stand at present, there is a direct conflict between keeping hospitals open by employing staff from overseas with the risk of their not speaking good English and, perhaps, possessing slightly second-rate degrees, and closing a large percentage of this country's hospitals because of the shortage of medical staff. Until recently, it was accepted that the former course was enormously preferable and that the G.M.C. possessed sufficient power to ensure that registration or temporary registration was only granted to such graduates as could show themselves able to practise medicine in this country without doing damage or causing harm to their patients. Despite the recent sweeping statements to the contrary, there is much evidence to show that the majority of immigrant doctors, whether from a more senior or the most junior Commonwealth country, perform their duties well and conscientiously.

The fact remains, though, that we are very, and in some cases completely, dependent on immigrant doctors to keep our N.H.S going. This, with all due respect to the good immigrant doctors, is hardly a healthy state of affairs. The remedy, to recruit more domestic doctors, must be applied now. The Todd Commission have laid down the measures necessary for the achievement of an adequate supply of graduates from the Medical Schools and it is important that these measures should be applied as soon as possible. The figures mentioned in the Commission's report are their recommended minimum, which only emphasises the necessity of implementing the recommended measures immeditaely before the backlog in the shortage of domestic doctors becomes even more acute. It would seem that there will be no way of bringing home to the Government the urgency of the situation except a serious situation arising between the public and the

hospital staffs from abroad. Let us hope that they will act to increase the recruitment of domestic doctors before such a flash point arises.

The Information Gap

We do try quite hard to keep up with all that goes on at Guy's and, though we miss much, it is to be hoped that we do not miss much that is of real import. This cannot be said to be true of what goes on outside the hospital. We receive remarkably little news of the achievements and distinctions of those Guy's men who now work far from S.E.1. Whether this is due to a sense of modesty or a feeling that no one would be interested anyway, we cannot say. But the *Gazette*, together with the regional Guy's Societies, is one of the few tangible links between Guy's men of many generations.

Previous Editors have attempted to encourage a freer interchange of information between Guy's graduates by threatening to start a regular column of "Old Guy's News". We will make no such threat or promise until we have received some indication of how such a column would be received. If sufficient interest is shown then space will willingly be given for such a feature.

Guy's Hospital Reports

The next number of the Reports (No. 3, Vol. 117) will be a special one to commemorate the bicentenary of Sir Astley Cooper's birth in 1768. It will contain the text of Lord Brock's Astley Cooper Oration delivered at a special provincial meeting of the Royal College of Surgeons in Norwich in September 1968. Also included are lectures delivered by members of the staff of Guy's and St. Thomas's Hospitals at a commemorative meeting at the Southwark Cathedral Chapter House on November 22nd, 1968. An important contribution is a detailed study of Sir Astley Cooper's associations with Norfolk by Mr. A. Batty Shaw, Physician to the Norfolk and Norwich Hospital.

The first part of the 1969 Volume (No. 1, Vol 118) will be a special number in honour of Lord Brock on the occasion of his retirement from the Thoracic Surgical Unit at Guy's Hospital. Further details of this number, which will contain over fifteen articles on a wide range of subjects in the fields of cardiac surgery, cardiology and thoracic medicine, will be announced later.

Orders for the special numbers or for annual subscriptions to the Reports should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rates for Guy's men are : Each number, 12s. 6d.; Annual subscription, £2 2s. 0d.

Metric Dispensation

This week sees an end of the drachm. After March 3rd the grain will be no more. Pharmacists will have ground their last scruple by

midnight on March 2nd and, as the sun rises on this fateful Monday, the ancient measures will pass into history and the pharmaceutical industry will enter a new metric age.

Despite grunts from practitioners well versed in the ancient mysteries of those mystic units, it will be illegal for pharmacists to dispense prescriptions in anything other than metric units from March 3rd. In anticipation of this measure the British Pharmacoepia has gone over wholly to the metric system, and the B.N.F. has followed suit. They have also adopted the new standard unit doses of 5 mls. and 10 mls. for mixtures. This last measure has necessitated the production of standard 5 ml. teaspoons to eliminate the errors produced by the variations in teaspoon design.

It would seem that, despite Waterloo, the influence of Napoleon is still with us, encouraged by the decimal currency board and the milli-equivalent boffins.

Congratulations

Further to our announcement in the last issue that Dr. I. C Perry had been awarded his Dip'oma in Aviation Medicine, it has now come to light that another Guy's man has also gained this distinction. He is Dr. M. V. Doherty, who qualified from Guy's in 1943.

Mr. Patrick Clarkson has been elected to an honorary membership of the British Society for Surgery of the Hand.

We offer our congratulations to Dr. J. R. R. Spurrell, B M.Oxon., M.R.C.P. Lond., on his appointment as Consultant Physician to the Royal Sussex County Hospital, Brighton, and the Mid-Sussex Group of Hospitals.

We offer our congratulations to Mr. R. C. L. Feneley, M.Chir., Cantab., F.R.C.S. Eng., on his appointment as Consultant Urologist to the Southmead Hospital, Bristol.

GUY'S DIARY

MARCH

3	M.	1.00	Clinical Lecture. Dr. M. C. JOSEPH. "Dogma in Paediatric Practice."
4	Tu.	1.00	Clinical Lecture. Dr. BURRY. "Clinical Manifestations of Rheumatic Disease."
6	Th.	1.00	Clinical Lecture. Mr. HUDSON. "Ocular Problems in Diabetes Mellitus."
7	F.	2.15	Combined Round (Pre-Clinical Classroom). Chairman: Mr. MORRIS.
10	M.	1.00	Clinical Lecture. Professor GORRILL. "Pyelonephritis."
11	Tu.	1.00	Clinical Lecture. Professor HUNT. "The Mechanism of Anginal Pain."
13	Th.	1.00	Clinical Lecture. Mr. D. N. ROSS. "Vascular Surgery."
14	F	1.00	Clinical Lecture. Dr. SCOTT. "Chronic Bronchitis." (Film and Discussion).
		2.15	Combined Round (Pre-Clinical Classroom). Chairman: Dr. DEUCHAR.

Exhibition in Gordon Museum.

March: Burns.
Surgical Treatment of Prognathism.
Pathology Quiz No. 5.

THE RESIDENTS' PLAY 1969

TOWER POWER

by

COLIN HUNTER-CRAIG

and

GRAHAM PAY

Directed and Produced
by
BRENDAN HICKS AND JOHN TRIPP

Music by
PETER INWARD
MIKE PAGLIERO
JOHN SARGENT

Lyrics by ANGELA BIRCH, DAVID BOXLEY, STEWART CAMERON, BILL HEALD, BRENDAN HICKS, COLIN HUNTER-CRAIG, HARRY KEEN, ROBERT MORGAN, GRAHAM PAY, RICHARD SPICER, JOHN STEPHENS, JOHN TRIPP, ANDREW WARIN, GUY WILLIAMS.

Cast

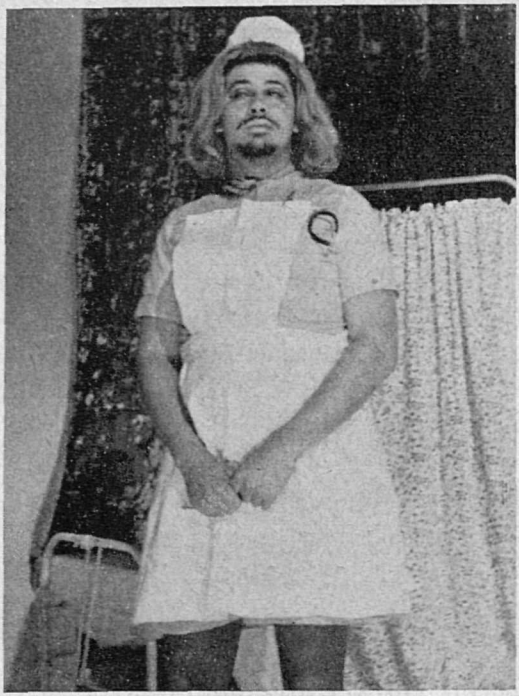
Urea Frost - - - - - - - GUY WILLIAMS
Professor Butterbetes (Physician) - - ANDREI CALIN
Dr. Peter Boshop (Endocrinologist) - HENRY TAYLOR
Thermaphrodite - - - - - RICHARD FORREST
Sir Titfor Tatkins (Surgeon) - - ADRIAN THOMSON
Mr. Ronald Dross (Thoracic Surgeon) - JOHN STEPHENS
Dr. Boris Blastoff (Physician, Immunologist) PAUL MILLER
Staff Nurse - - - - - - ROBERT MORGAN
Mr. Robert Drain (Thoracic Surgeon) - - DAVID WATKINS
Sister Trauma Gravis (Casualty Sister) - - PETER SWIFT
Dr. Bonnie MacClyde (Paediatrician) - GRAHAM PAY
Commander Grabbe (Orthopaedic Surgeon) RICHARD SPICER
Houseman - - - - - - CHARLES BARBER
Dr. Gasegie (Anaesthetist) - - DAVID BOXLEY
Prof. Super Novascrews (Pathologist) - - DAVID BYERS
Chasm Computrogg (Registrar Renal Unit) GUY WILLIAMS
Moon Woman - - - - - - RUTH SEIFERT
Thomas Guy - - - - - - JOHN TRIPP
Nurses :
CLIVE CAWTHORNE
ROBERT DUNHAM
WARWICK ONYEAMA
ANDREW WARIN

Musicians - - - - - COLIN BAKER, PETER INWARD
MIKE PAGLIERO, JOHN SARGENT

Tower Power was more truly a Residents' Play than usual, in that Colin Hunter-Craig had as co-author Graham Pay, who is a house physician. Before the play opened one had heard mumblings of discontent about registrars being too pre-occupied with their medical paperchase to write the play, and that a play part written by a houseman could not possibly be as good, as witty and as quizzical as one written by someone more senior. How wrong these prophecies were. This play was undoubtedly one of the best, and its excellence was more the result of its construction and production than to any unusual plethora of acting talent on the House. The play contained one or two marvellously theatrical moments which would have stood up on their own merits anywhere. The producers, Brendan Hicks and John Tripp, made full use of them and were well supported by the whole cast.

The plot itself was unusually simple. This was an advantage; one could follow it however well wined and dined, and there was no need for the usual long explanatory speeches frantically trying to tie up all the loose ends in the last scene.

The essence of the plot was that the Tower Block, which we know is being built around a chimney-like centre, was really a vast rocket. A coterie of surgeons had planned to blast off in it in order to perform an epoch-making breast transplant operation on the moon.



"A stampeding chorus of hairy nurses."
(W. Onyeama)

Act One

The play opened with Urea Frost conducting his week-end television programme at Guy's Hospital. He introduced a stampeding chorus of hairy nurses, and then proceeded to interview Butterbetes, an urbane Professor of Medicine. Frost by Guy Williams was very like the man who has battled with Ian Smith and Enoch Powell; his questions were similarly penetrating but needless to say he met his match in Butterbetes, who effortlessly avoided giving a straight answer to a single question. Brendan Hicks took over this part at very short notice and did well, though the overall impression was of a rather light-weight version of the original.

Butterbetes sang a pleasing song, emphasising the many facets of his character by reappearing for each verse in different costume: D.M. gown and mortar-board for the academic, red braces and rolled up shirt sleeves for the research investigator, bowler hat and umbrella for the corridors of power, and so on.

A Butterbetic Survey

One lifetime is too short for all the things I want to do
But I try to do as many as I can
So I've worked up natural talent
With a little ballyhoo
And now I am a very rounded man.

Chorus :

For he's a very missionary,
Really quite extra'ordinary,
Very very very rounded man.

I'm a model of decision when, between trips, as Physician
To the suff'ring sick of Southwark health I proffer
Though they say when I'm most charming
Be forewarned that I'm forearming
Glucose uptake isn't all I've got to offer

In imparting information to the Councils of the Nation
I hold forth with belted Earls and gaitered Bishops
But I oft times shun the garter
And I span the social strata
For I'm just as much at home in chip and fishops

I am poring over data as research investigator
When you lot are all in beddybies
For I'm sure I've got the key
With my HL523
And I'll soon be off to get my Nobel Prize.

I forget my role as healer when as ruthless wheeler-dealer
On a transatlantic phone I make a killing
For if I were to bungle
In the fierce commercial jungle
My Department's down the drain—without a shilling.

I do my best to glower in the corridors of power
If it seems to me the bureaucrats are winning;
For its no use sitting pretty
On a most select committee
If my friends just down the road should get a skinning.

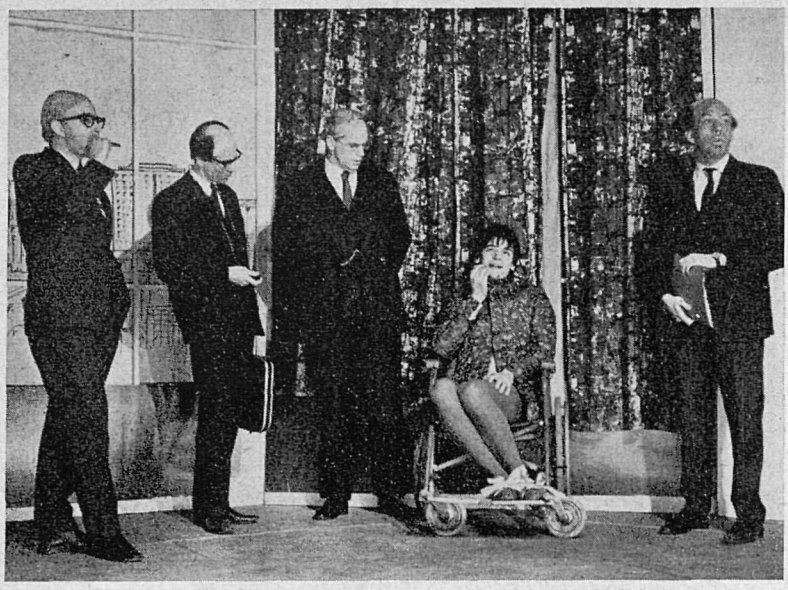
When at meetings I'm presiding or the polar air routes riding
Whether writing books, or star on television
HRH or UGC
MOH or BBC
It's my urge to serve, I promise—not ambition.

Butterbetes then introduced "the boys"—"Ronald Dross, a great surgeon, friend of Christian Barnard, the man at the heart of our scheme", Sir Titfor Tatkins, President of the Royal College of Surgeons, Dr. Boris Blastoff, an immunologist, and Dr. Peter Boshop.

Boshop, the endocrinologist, has a fascinating patient called Thermaphrodite. He/she describes her/his plight most beguilingly, and then in a plaintive song describes the practical problems of its life (at the same time showing skill with a mouth organ). It wants to be a woman but at the moment is statistically bankrupt.

Dross has the answer to her problems. It is a new form of therapy called "Transplanetation", "We will be the first to carry out a breast transplant on the Moon." "It will involve a vast amount of publicity and appearances on commercial T.V. I shall, of course, head the team and carry out the necessary grafting." Tatkins grimaces with doubt at Dross's final remark: "British surgeons (I am British, aren't I?) will make history."

Dross is irrepressible and bubbles over with still more schemes: "We'll have Dross Bros. Providing Transplants for all Occasions." He unbuttons his jacket to reveal a Backing Britain waistcoat made out of a Union Jack, and breaks into song.



L to R: **Mr. Dross, Dr. Blastoff, Sir Titfor Tatkins, Thermaphrodite, Dr. Boshop**

Just Dross

I need no introduction, I'm sure you'll know my face.
I'm the latest, I'm the greatest, I'm the transplantation ace.
When people come to see me to say 'How great you are',
I say don't interrupt me I'm reaching for a Starr.

Chorus :

Don't want your pearls and diamonds, of that I'll have no part,
Just want to do a transplant, so please give me your heart.

With autograft and homograft, I'm ready to perform
Now hold your breath and keep your nerve I really am in form,
I need my sweets and music, and please lets have no din,
For Christ sake have some suction,—you feeling tired old bean.

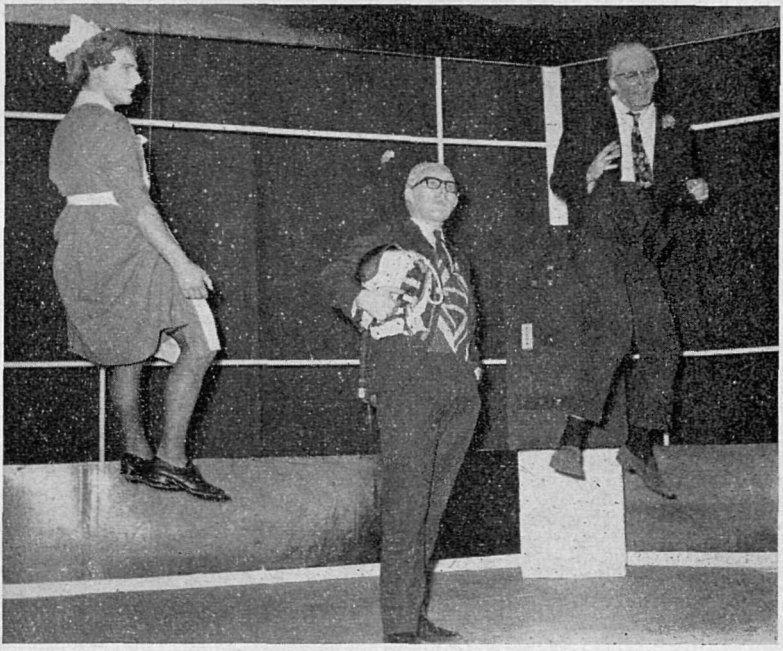
You see I am an artist, the heart's the instrument
The strings of which I play allegro and lament,
And when I move those valves, man, it's music to my ear
I bring a Starr into your life, I'm a surgical Shakespeare.

I've got a friend called Christian, you may have heard the name,
He did an operation which brought him wealth and fame,
I saw my chance and took it, I did the same as he,
With maximum publicity I made it on T.V.

Oh, please don't try to catch me. I really move too quick,
You see I've hit the height now, I'm in, I'm it, I'm slick.
Now you see me in Japan, now in sunny Spain,
The International Jet Set was slow until I came.

This was the best song of the evening, partly because the music and lyric so perfectly matched the part, and also because it was sung with gusto by John Stephens. Stephens was an outstanding Dross. He looked reasonably like him, and more important, by very accomplished acting created a wonderful part. It was one of the greatest Residents' Play performances of all time. He'd been given good lines, and he exploited them; the voice, stance, zest, attractive aggression and ambition were all there, and he carried the audience along with him in his own enjoyment of it all. With this man no one in the audience questioned the plausibility of the Tower Block being fired off to the moon. Dross announces that blast-off is in 20 seconds, and they all rush away to board the rocket.

The opening of the second scene was superb. The stage was dark. There was a background of twinkling stars, and against it three figures could be dimly seen floating in space. The white parts of their clothing fluoresced eerily. These floating figures were Robert Drain (a thoracic surgeon) hanging as if on the gallows, Trauma Gravis (a casualty sister) slowly rotating head over heels in space, and Bonnie MacClyde (a paediatrician) vigorously swimming and enthusiastically experimenting with various space manoeuvres. "I feel just like Peter Pan," MacClyde eventually explains.



L to R: **Sister Gravis, Mr. Dross, Dr. MacClyde**

The aerobatics are interrupted by the entry of the transplant team : Dross, Tatkins, Grabbe *et alia*. They are in the Tower Block rocket on their way to the moon. The team have astronauts' uniforms, space helmets and "anti-gravity boots". They are annoyed to find the three stowaways but haul them down and fit them with anti-gravity boots, too.

Meanwhile, Tatkins sings his song. Tatkins (Adrian Thomson) managed this part well. He looked right, though the wig made him look as if he'd been viciously assaulted about the forehead the night before (Why is it that N.H.S. wigs are so superior to Residents' Play wigs?) He sang his song, a Spanish number, well.

The Good Old Days

I'm a jolly good chap from the good old days
A fellow incomparably grand
And I'm bound to say
In an elegant way
Of surgeons I'm first in the land of the living ones.
I paused to direct the Italian campaign,
Helped Winnie to cope with the Cross of Lorraine
And now with my sword at the height of my reign, it's the good old days.

Sam's a jolly fine chap from the good old days
He's got Guy's in the palm of his hand
For excising a wen
Or political ken
His first assistant in Randy, the handy one.
His are the devious methods of fixin'
Committees and house jobs his chaps have the picks in
And they say he'd depose even President Nix, in the good old days.

One jolly nice chap from the good old days
Is Rex who's a surgical master
Pretends he's decrep't
Or even inept,
Yet apter and better and faster than others are.
When thinking of top jobs he took a good look,
Joined with Guy Blackers in writing a book,
For how else in this place without being a Mas, in the good old days.

The junior members of the transplant team are the tall H.S. (Charles Barber) and the taller and lumpier Staff Nurse (Robert Morgan). They make the most of the opportunity to do in space what they have previously done on earth. Their hammed love song, a waltz tempo, was done well and the audience loved it. But what a waste to use a melody as good as that for such a purpose—with an evocative lyric and a slice of sentiment it could have been a real hit. (And on the subject of wasted talent, whose idea was it to turn Miss Seifert into a green monster?)

On finding yet another stowaway, Gasegie the anaesthetist, the transplanters are alarmed. They get Blastoff to inject all prisoners with A.L.S. anti-lunar serum which renders powerless all who oppose the project.

Suddenly a weird figure floats outside the window of the space ship. He is clawing frantically at the windows trying to get inside. "Ooh look, they've even got a window cleaner," says MacClyde. The conspirators let the castaway in, it is the familiar bearded one of Professor Novascrews, the pathologist, complete with blacked-out teeth. With Dross and Novascrews in the play together, this was a good year for bad teeth. After a few quick puns Novascrews departs, which was a pity because David Byers looked good in the part. He had the same fate as Henry Taylor as Boshop, in not being given the chance to develop the character.

The space flight continues as Sister Gravis (Peter Swift) and Mr. Grabbe (Richard Spicer) sing their song. Peter Swift was very funny, and nothing like the original. Richard Spicer was visually all wrong, but along with David Watkins as Drain, kept the plot moving well and made a strong contribution to the choruses.

A Duel Duet

Commander Grabbe, Dr. MacClyde, Sister Gravis

Gravis :

If you cut your head or knee
And you're brought to Casualty,
Then you'll find yourself within my boundary limits,
And unless we're having tea
You'll be seen immediately
And sent out, stitched up, quite fit, within two minutes.

Grabbe :

It's pretty plain to see
That I've reached my apogee
Now that Casualty's within my jurisdiction.
But I hope you will agree,
To leave everything to me
Then the place will run completely free of friction.

Gravis :

I treat everything I see
As a mild emergency,
And if I think a case needs more assessing
Then the 1st on call H.P.
Must be put straight through to me ;
And the patient's in the ward whilst still undressing.

Grabbe :

I demand efficiency
From your girls who work with me,
And I snarl a bit and grouse if I've a notion,
Yet Batch, and now I see
Even little Hen-er-y,
Seem to get their clinics done with less commotion.

Gravis :

We must use recovery
For the least contingency,
(Especially if the patient has been drinking)
And if there seems to be
Any small Zoology,
Then we pop him in a bath as quick as winking.

Act Two

The second act opened with another excellent set, the only worry was lest the hospital's supply of plaster of paris was now exhausted. We were on the moon, and the scene was set for the all-British breast transplant operation. The donor was a weird, green six-breasted moon woman, the recipient the poor Thermaphrodite from Bermondsey. The moon woman's six bosoms have sent MacClyde into an ecstasy of delight. They all sing a song in praise of the breast. This was a vigorously presented song, part original and part pirated, which came over well.

The Moon Woman

The historic operation is about to start. It is a solemn moment. They *scrub up. Tatkins comes forward* : "Two tables for three, please", and the team divides to the two operating tables. Thermaphrodite is on one,

the moon woman destined to lose one third of her bosoms is on the other, a single anaesthetic machine serves them both under the casual eye of the nonchalantly cross-legged Gasegie.

The whole operation scene was extremely good. The concept behind it was appealing, there was neat action, a telling economy of words (not even many puns) and it was uproariously funny. At one table was the extrovert Dross, "Let's have less of this paper crackling now. It's like a fish and chip shop in here", periodically asking for his tin of sweeties. At the other table Tatkins had a more conservative approach:

"Knife please, Sister. No. MY knife. The one with the crest, Sister."

Suddenly Dross looks up at one of his assistants.

"Good God, who are you?"

H.S.: "Your House Surgeon, Sir."

"When *did* you start?"

H.S.: "Six months ago."

"How do you do. Very glad to meet you," says Dross, shaking him warmly by the hand."

During the operation, everyone has had an important part to play except MacClyde who, despite leaping up and down to glimpse the anatomical intricacies which fascinate him, fails to catch sight of a single bosom. He comes storming to the front of the stage, scarlet in the face, neck veins bulging, and explodes, "Aren't operations BORING." He is to be rewarded with a most important task.

The Transplant Operation

Tatkins removes a luminous green breast from the moon woman, and hands it to MacClyde to carry over to the other table for Dross to implant. It is the greatest moment in MacClyde's life, and, face lit up with fervour, he carries the sacred mammary gland across the stage. Fingering it lovingly, it slips from his grasp; the moon lacks gravity and the luminous green bosom floats up and away into space. No one else has seen this catastrophe, as the surgeons are huddled over the operating tables. MacClyde is on his own, in torment, like a small boy who has lost a most precious

toy belonging to someone else. He doesn't know what to do or how to own up. This was a marvellous joke, and Graham Pay who wrote it, made quite sure it got the right treatment in the part of MacClyde.

MacClyde's portrayal followed the traditional Residents' Play pattern. As with one or two other biennial stars, the character is always rather more like the predecessor two years before than the real life character. Most of the audience would not want it any other way, and this year's performance by Graham Pay, which was less dishevelled and longer legged than usual, was well up to standard. He did the mannerisms well; it was a good performance.

The lost bosom was not the catastrophe we originally thought. After all, the moon woman had six breasts, so Tatkins deftly removes another and this is safely transplanted by Dross, as Gasegie sings the Gasman's Song.

The Gasman's Song

I'm always charming, never alarming,
Quietly impressive;
The anaesthetics that I give,
You'd never call excessive:
A whiff of the gas and a prick in the hand,
You know with me just where you stand;
Whatever the place, whatever the time,
Asleep or awake,
The patient's state,
Is absolutely fine.

It was on a Monday morning, (Gasegie is his name),
He sauntered into Nuffield to help Tomkinson again;
They all had gas and oxygen and halothane of course,
While Tomki held them down along with Hethrington and nurse.

With an easy air and a nonchalant flair,
Quite aristocratic,
The things I say to the surgeon there
You'd never call emphatic,
For the thing that I am famous for,
Is my cultured chat with the operator.
Whatever the place, whatever the time,
Asleep or awake,
The patient's state,
Is absolutely fine.

It was on a Friday morning, to Nuffield House once more,
And holding up the chin for hours makes his fingers sore,
But then he never intubates or looks into the larynx
And so he quite removes the risk of damaging the pharynx.

I'm an always charming, never alarming
Lords and Twickers man,
And every time I get a case
I follow a simple plan,
As the victim quietly inhales,
I chat about Sotheby's antique sales.
Whatever the place, whatever the time,
Asleep or awake,
The patient's state,
Is absolutely fine.

It was on a Saturday morning, he wore his old school tie,
And watched the boats at Henley, and the ladies walking by.
And his old college blazer, is awfully suave and bright.
There was of course a dinner, as almost every night.

As with some of the other songs, a particularly good feature was the strong chorus by all the surgeons. David Boxley as Gasegie, had taken trouble with the voice and appearance, but he needed more bounce.

The moon scene closed with consternation. Thermaphrodite has gone into renal failure, and they are horrified to find that the dialysis unit, Bostock House, is not an integral part of the Tower Block rocket. The whole project will founder unless they can return Thermaphrodite to Guy's quickly. They enter the lunar module to return to earth.

The final scene was in the forecourt of Guy's, and on his plinth stands Thomas Guy. Guy (John Tripp) tells his life story. This was a difficult solo song which was performed very competently indeed, and made an impressive opening.

As the song ends, the lunar module lands and the adventurers return. They are overjoyed to find Computrogg, who is the senior registrar to the renal unit, and enlist his help. Computrogg, "A mobile computer in a sort of human form—sort of", played by Guy Williams, began as a tiny part, and by the end of the week threatened to take over the whole play. He was exceedingly funny; the inspiratory guffaws, the querulous grunts and the renal rhetoric were bread and butter to a mimic as gifted as Williams. The problem was that, true to his character, he became unstoppable, expanding the part outrageously, so that on at least one night the rest of the cast could not find their cues amidst the verbiage. The most memorable moment was when Computrogg was officially called in to advise on the renal failure problem. He rattled off a series of quick-fire questions about the patient's history and biochemistry, and all Dross and Tatkins could do was miserably to shuffle from foot to foot like first three-month ward clerks who have not taken a proper history.

It was about this time that one of the surgeons suggested hopefully, "Shouldn't you be asking Stewart Cameron?" The reply, "No need to, now," brought a deservedly warm round of applause, not least from several aspiring residents' play writers in the audience who were seen to be gleefully licking their pencils. There's an awfully long career ahead for this particular footlight favourite.

Computrogg deftly dialysed Thermaphrodite, was in no way disturbed to find gold fish swimming in the drainage bottle, and consulted his portable computer when in trouble. This was an entrancing machine strapped to his chest, bearing flashing lights, knobs and a rotating pointer. It issued out its answers on tape rather like a teleprinter machine, indeed Computrogg —always in the middle of three jobs at once—occasionally read out the winner of the 3.30 at Kempton Park instead of the serum Parathormone level. His song, "Hound Ogg", was a deafening rock number.

Hound 'ogg

At diseases which are renal we're in front,
We physicians sometimes think the surgeons blunt;
But before we start to dialyse,
It's often hard to realise,
We're obliged to them for putting in a shunt.

One patient whose complaint was feeling tired,
After management ungratefully expired.
Although he's had last unction
We can say his renal function
Was much more than could be reasonably desired.

When a patient was transferred to I.D.U.,
The instructions to the nurses were but few,
They said if they saw itching
Being accompanied by twitching
They must dialyse—and nearly did me too.

We had some problems with a transplantee,
When a gentleman looked in and said to me,
"This patient has rejection,
He needs surgical correction."
So I said, "Ha, ha, ha. Who the Ellis he?"

Computrogg has used his gadget to control the rebels, but they fire off a series of hypothetical questions in quick succession, with which his delicate servo servile mechanisms cannot cope. He explodes and they are free. Moreover, the transplant team cannot possibly return to the moon as only Computrogg can programme the rocket. The final chorus is sung ; the nurses, the residents, the registrars, the consultants in turn bemoan their lot but as they all refrain :

"Then why not stay? Guy's is the place
Whatever the day on earth or in space,
Though giving you hell, looks after you well,
So Guy's, you see, is the place to be!"

Tower Power was not merely very good, it was very happy. It relied for its funniest moments on things that would have been funny in any theatre. It was kind to its victims and contained a lot of good humour. Colin Hunter-Craig and Graham Pay earn many congratulations for achieving this. My only minor criticism is that the names they invented for their characters fell far behind the excellent standard of their writing. Most of the cast had new names, and rarely were they an improvement on names that have been used before. Sometimes they were distractingly inappropriate; Bonnie MacClyde, for instance, conjures up the image of a gnarled, whisky-swilling ferry-boat man at the Kyle of Lochlash.

For an evening as successful as this, the authors, the producers and the residents rightly get most of the credit. As usual, they owe a lot to the students. Each year students make a major contribution, sometimes the songs, sometimes accompanying, and nearly always stage managing or set designing. It was here that this year's residents were particularly well served. The sets were outstanding, especially when away from earth. The moon has certainly improved since the residents last visited it a decade ago. The elaborate sets meant that scene changing took a bit longer, but as the producers kept the general pace very fast, this did not matter. John Soul the stage manager, and Andrew Seal the designer, together with all the other members and non-members of the Theatre Club who helped, deserve everyone's thanks.

Most of the cast have been mentioned already. I nearly forgot to mention Blastoff, the physician with a special interest in immunology ; it was his fault for being so nice and so modest. Paul Miller was uncannily like the original : in looks slim and neat, and standing with his head slightly cocked to one side. His was the character that everyone must have recognised even before he spoke. Some of the smaller parts have not been mentioned by name. They all did well and we enjoyed their performances even more than they did.

The accompanists, Colin Baker, Peter Inward, Mike Pagliero and John Sargent achieved the ideal intensity at which the tunes come over well, and the words are clearly heard. The tunes themselves were good, but with two exceptions not the best that the talented Inward, Pagliero and Sargent have written. They might have seemed better with slightly different presentation ; the tradition of each character having "his song" is a difficult one when the average House has no more than two or three good singers. As usual, the choruses were the best, and some of the other songs would have benefited by being sung by a group rather than an individual, and possibly presented with more action.

The elegant programme listed 14 lyric writers ! I suppose they were confused by the plot and thought they were reporting a liver transplant. Needless to say, there was a big variety of lyric style.

For me, and I think many others, this was one of the most enjoyable Residents' Plays we have seen. Everyone who saw it will wish to thank the Residents for a splendid evening. And in doing so they will be thanking also those residents who had the unglamorous job of doing the night-work and some routine work of their colleagues in the play. I would also whisper a quiet "thank you" to the nursing staff who, for the past few weeks, have had a trying time locating their stage-struck housemen.

S. R. Meadow

Stage Manager - - - - - - - - - JOHN SOUL

Assisted by members of the Theatre Club

Set Designer - - - - - - - - ANDREW SEAL

Lighting - - - - - - - - - JOHN POOKE

JOHN BATES

Sound - - - - - - - - - MARTIN SCHRODER

Costumes - - - - - - - - - JANET THOMSON

CLARE TOPHAM

Properties - - - - - - - - JENNIFER DUNFORD

SIMON JANVRIN

Make-up directed by CHRIS TUCKER with—

WENDY INWARD, SARAH LANGE

JOHN LOGAN, TOM TREASURE

House Manager - - - - - - - ALASTAIR THOMAS

Recording - - - - - - - - MR. JACK HOULGATE

Photographs - - - - - - - - - MICHAEL LINES

Secretarial Help - - - - - - - ROSEMARY EDMONDS

MARGARET McCRACKEN

SUSAN NEWTON

CHRIS SMITH

SUSAN SPICER

TRAVEL SUPPLEMENT

Travel broadens the mind . . . .

Since the early days of Thomas Cook's organised tours of the Continent, enormous strides have been made in the art of organising "Package Deal" Holidays. The purpose of this small travel section is to bring to the notice of our readers the services available in the vicinity of Guy's that can help to organise such holidays, or any individual holidays that involve foreign travel and hotel bookings.

The myth that a package holiday must involve at least three days stuck in an ancient bus driven by a mad foreigner smoking a foul cigar with a running commentary in broken English from a flashy toothed senor in the company of a crowd of Birmingham barmaids and Newcastle navvies, dies hard. They are now, despite the myth, one of the most pleasant, easy and cheap ways of getting quickly to the Continent, where, though tours and sightseeing visits are organised, there is no pressure on anyone to take part in them.

One fact of interest is that the tour companies are trying hard to reduce their prices and have now come down to the level of not being able to charge as little as they would like because the companies are not allowed to charge less for the complete holiday than the statutory cost of the normal return flight to the nearest Airport. If negotiations at present taking place are successful, then the Companies may be able to further reduce their prices, which, combined with credit and H.P. facilities, will make holidays better and better value.

Those who have experienced the luxury of worry free travel through the continent with one of the tour companies, will need no encouragement to renew their arrangements—those who have yet to try it would be well advised to do so.

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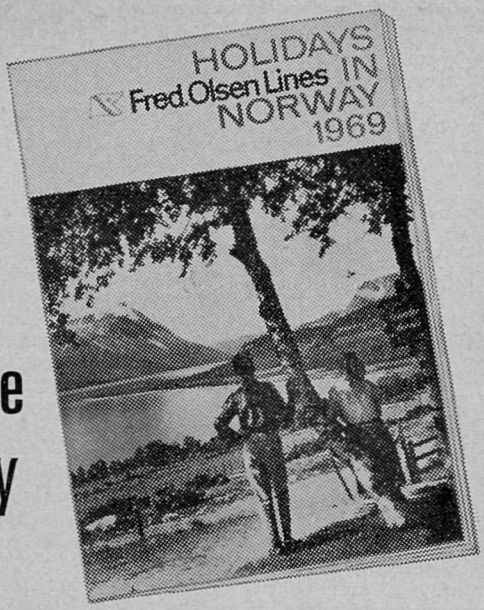

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JUNIOR NURSE

Five-and-a-half-year-old Christine Caro, daughter of medical student Adrian Caro, created quite a stir at Christmas wearing a Staff Nurse's uniform made for her by nurses from Caleb and Diplock during her short stay there.

Ode to a Skived Lark

The long haired poet passed through the gate,
Covered with its antiseptic paint,
Paused to look with painful eyes
At Guy's statue pigeon wise.

Through the Colonnade he passed,
Knowing that perhaps at last,
He would find where his genius, raised
On a pen, in the East Wing had been praised.

Through wild hairs he saw the Park
Green, polka-dotted, white marks
Of student figures with stethoscopes,
Pocketed like pets inside coats.

Then he lifted his eyes to the East,
To find, in horror, a blank feast
Of nothingness, in emptiness blown,
For the East Wing had feathered-flown.

Now if you see a sad-faced Muse,
Asking all not to refuse
Any information of a wing in flight,
Passing over roofs in the night.

You will know his only quest
Is to find where the wing came to rest;
For it holds a piece of him,
A poem with no requiem.

B. Wooton

OBITUARY

Nicholas Edward Kendall, F.R.C.S.

Nicholas Kendall died as a result of a car accident in Norfolk. He sustained a spinal injury and died in the Norfolk and Norwich Hospital. Nick Kendall qualified at Guy's Hospital in 1915 and then served with the R.A.M.C., mainly in Salonika. At the end of the war he had reached the rank of Major and then he returned to Guy's Hospital, where he worked in various departments, but mainly in the Ear, Nose and Throat Department as a Chief Assistant. In 1923 he gained his Fellowship and in 1927 he was appointed as Consultant E.N.T. Surgeon to the Leicester Royal Infirmary.

At Leicester, Nick Kendall soon became busy with ear, nose and throat work, and fitted in well in the life of the City and County. He shared consulting rooms in London Road and there were precious few families in Leicester who did not at some time or other visit these rooms. In Hospital work, either at the Infirmary or the General Hospital, or at Groby Road Hospital, he worked in a conscientious and devoted manner and he was at all times the personification of the honorary voluntary Hospital Consultant. He identified himself with the welfare of patients, the welfare of nurses and the welfare of House Surgeons. He spared himself no duty, however small and insignificant, whether it was in Out-patients' or in the Ward or in the Theatre. He attended all the Nurses' functions, and was specially delighted to be the master of ceremonies at the annual dance. Nick Kendall was a well-built man and his stentorian voice needed no amplification, and he was seen and heard at his best at the nurses' swimming gala. In respect of Resident staff, he was always their champion in matters of discipline and yet at all times he was fair and straightforward. Integrity of character, punctilious behaviour and supreme honesty were his ideals : yet he was human and likeable, and at all times approachable. He loved talking and discussion, and we will always remember his figure standing in the Infirmary corridors discussing various problems with his colleagues; and we shall all miss his cheerful presence.

During his time in Leicester he was Chairman of the Infirmary Staff Committee and President of the Leicester Medical Society, during which term of office he was able to entertain and exercise his social tendencies to the full. Outside hospital work he loved the country, and he always spent at least two weeks of the year fishing in Scotland and on Saturdays during the shooting season he very rarely missed a visit to either Leicestershire or Lincolnshire.

His life was full—professionally and socially. He loved Leicester and the social round and even up to the last few weeks of his life he attended Rotary meetings each Monday. He hardly ever missed a hospital function and he was on the Management Committee right up to his last year.

We extend our sincere sympathies to his devoted wife who now resides in Rutland.

G.C.S. and J.T.M.C.J.

NOTICES

South Wales and Monmouthshire Branch, Guy's Hospital Society

The Annual Dinner will be held at the Park Hotel, Cardiff, on Saturday, 8th March, 1969, at 7 for 7.30 p.m.—the evening of the Wales v. Ireland International in Cardiff. Guest to be arranged. Tickets £2 (exclusive of wines), plus 10s. Membership to Society. Please forgive if some have not received notices, but still apply for tickets to the Secretary. We promise you a good evening.

Apply to : G. Morwent Brown. Hon. Secretary, 15, Seabank, Esplanade, Penarth, Glam., CF6 2AR.

Guy's Hospital Boxing Club

Guy's Hospital Boxing Club is holding a Boxing Competition in the Pavy Gym. on March 5th, at 8 o'clock, against London University and Belsize Boxing Club.

S. A. Marsh.

Free Indeed

"Free Indeed" is the title of a film produced by the Ludhiana British Fellowship showing part of the work they undertake in the Punjab. The film shows details of a cataract operation and a new technique for fitting a temporary prosthesis while the patient is still under the anaesthetic after an amputation. Other features include details of rehabilitation work and vocational training.

This film will be shown at 5.45 p.m. on Monday, March 3rd, in the Anatomy Theatre, at a meeting of Guy's Hospital Christian Union. Dr. Gerard Housden, who has worked in Ludhiana, will introduce the film and he hopes to show some slides in order to put the film in perspective of other work done at Ludhiana.

All members of the hospital community who are interested in seeing the film will be most welcome at this meeting.

G. S. Clark, Asst. Secretary.

Christian Union

On Sunday, 2nd March, at 9 p.m. in the Nuffield Nurses' Sitting Room, Dr. Cicely Saunders, O.B.E., M.R.C.P., founder of St. Christopher's Hospice, terminal care home, will be speaking on "Lengthening a dying life".

Pupils' Physical Society

Mr. Charles Clarke will address the Society on Thursday, 13th March, at 5.30 p.m. in the Clinical Theatre, New Guy's House. His paper will deal with Climbing, Exploratory and Medical Experiences in Kashmir, and is entitled "East of Katmandu".

It is hoped that this meeting will be of general interest to many at Guy's.

Middlesex "Sevens"

Tickets are available for the final rounds of the Middlesex Seven-a-side competition at Twickenham on May 3rd. There are no "Rover Tickets" this year, and all tickets cost ten shillings. They are available from G. B. Hey, Hon. Secretary, Guy's Hospital R.F.C., East Wing, Guy's Hospital.

RUGBY CLUB BALL

Guy's Hospital Rugby Club Annual Ball will be held on March 13th, 1969, at Quaglino's, Burt Street, St. James's, W.C.1. Tickets (5 gns.) are available from C. G. Rowland, East Wing.

NURSING SECTION

FULL CIRCLE ?

Whilst we hear a great deal these days about student unrest (sighs of "Here we go again!"), one has to admit that the vocal eruptions of our student nurse populace, like that of their fellow medical students, is but pianissimo and constrained. One can but conjecture the reasons for this apparent withdrawal from the cosmic upheaval; possibly their work is peripatetic enough without joining marches. However, we must not be blinded by this seemingly halcyon atmosphere; beneath the calm surface lies the simmering tumult, which could erupt one day.

Those of us who are committed to instructing these students are well aware that the days of passive acceptance of any time-honoured utterances and concepts are. Although the method of nurse training at present demands a rigid timetable, with little or no freedom for the student to absent herself from lectures or classes, nevertheless, in keeping with her contemporaries, she is prepared to criticise statements and refute sacred tenets. Most of us as their mentors, will admit that this attitude is most healthy, however, disarming to the tiro.

Yet with this silent rebellion on the part of the students themselves, there is still the reluctance to break away from some of the traditions which encompass our profession. While, on the one hand, there is this move towards disrespect for anyone or anything conventional, there is, on the other hand, a paradoxical clinging to hierarchical attitudes for which we have always been renowned. To put it simply, even though there is much more camaraderie between sets and generations of nurses nowadays, there still persists the attitude of superiority between junior and senior nurses. In my short experience as a tutor many are the nurses whom I have heard speak of their seniors' attitudes and behaviour and vow that they themselves would never be like this when they were head nurses or staff nurses. Yet, what happens? The pattern is repeated, almost as if it were genetically determined, and two or three years later the same authoritarian and often thoughtless attitudes are donned.

It will be said that it is only the inadequate and anxiety-ridden who perpetuated this "bossy" hegemony, but, nevertheless, most of us are tainted with it at some time. I suppose the very nature of our day to day work and the power that is thrust upon us from early on in our clinical experience develops this "managing" type of personality. Most of these "managers" (the polite Salmonera epithet for bossy seniors) will become very nice sixes and sevens or very nice mums first. Pity there has to be that interim period of maturing under the weight of belts and bows!

RECENT HOWLERS

"Hypertension is an inheritance."

". . . millinery tuberculosis."

"Astigmatism is when a person screws up his eyes to prevent light getting in."

"A patient will be suffering from severe delirium tantrums, and will need great care." (from question on observations of a patient admitted with acute alcoholism.)

CORRESPONDENCE

Student Politics

SIR,—I note with interest the letter from Dr. Crowe in the last edition of the *Gazette*. Mr. Lloyd and I are at present involved in a survey of medical student opinion on the Report of the Royal Commission on Medical Education. Dr. Crowe may find our return figures instructive.

About 1,065 multiple choice questionnaires were circulated to a random 20 per cent. of clinical students in 30 British medical schools. Two hundred and fifty-two replies were received from 16 schools; this constitutes a reply rate of only 24 per cent. I think Dr. Crowe would agree that the resulting statistics could hardly be regarded as "very valuable", and that they probably represent a minority view-albeit of a different minority from that featured in the Press.

I must add that at a recent Conference on Medical Education, a resolution was passed by the students directing the B.M.S.A. Executive to send out another more comprehensive, questionnaire. The delegates obviously share Dr. Crowe's optimism.

When recommending such an exercise, does Dr. Crowe realise that we, too, are students, with the same "pressing commitments" as our colleagues, and that in any random sample of students, only a minority will bother to complete a questionnaire?

Admittedly, we undertook the survey at a bad time, as many students were on holiday, and some questionnaires failed to arrive at their destination (we assume they got lost in the post). But it is impossible to find a perfect time to sample student opinion in this way, as the students are almost continuously pre-occupied with holidays or examinations.

Yours, etc.,

ALISON HILL, B.Sc.,
Chairman, London Region B.M.S.A.

B.M.S.A.,
B.M.A. House,
Tavistock Square, London, W.C.1.

The Home-coming

SIR,—May I inform your readers that the Theatre Club spring production will be performed in the Physiology Theatre from March 17th to 21st inclusive.

The Theatre Club would like wholehearted support for Harold Pinter's "The Home-coming" (produced by John Stephens) from staff and students alike.

A persuasive reminder—the tickets are free!

Yours, etc.,

F. M. DALLOSSO.

East Wing,
Guy's Hospital.

Just not true!

SIR,—Contrary to the recent rumour circulating the Dental Department, the "real" Graham Ross was not pushing a wheelchair about the hospital grounds in the early hours of the morning following the last night of the Residents' Play. He was, unfortunately, snowbound on the other side of London and missed the fun.

Would the "pseudo" Graham Ross please come forward to help solve the mystery?

Yours, etc.,

G. C. D. Ross.

East Wing,
Guy's Hospital.

Vocation and Recruitment

SIR,—I disagree very strongly with the sentiments expressed in *Nursing Section* (1st February, 1969), which presents an attitude damaging not only to the Nursing Profession, but also, more important, to the patients whose welfare must always be our main consideration.

I think it is a shameful state of affairs that nurses, carrying heavy responsibilities, working long and awkward hours, undertaking without complaint many unedifying and unaesthetic tasks, and cheerfully accepting rigorous disciplines and grave interference in their leisure and social activities, should also have to suffer the indignity of getting less financial recognition than their sisters working in shops and offices.

I understand that at Guy's, and no doubt also in other prestige hospitals, the applicants for Nurses' training far exceed vacancies. But the position is quite otherwise in provincial hospitals, where waiting lists both for in- and out-patient treatment get longer and longer because there are not enough nurses to staff wards and departments, and it is the patients who suffer most from this state of affairs.

Furthermore, the remaining nurses become overworked, which makes neither for efficiency nor for contentment, and adds incentive for leaving the profession.

Job satisfaction and vocation make up for all the strains and stresses and under-recognition both in status and in pay to some extent, but it is becoming more and more true that to be a nurse you have to be either a fool or an angel; regrettable as this may be, there just aren't enough angels around to do all the work.

Yours, etc.,

E. L. LONBAY.

Craythornes, New Romney,
Kent.

Folkus

SIR,—Since the last "live Guys" we have noticed that nothing has been done about live contemporary musical entertainment in this establishment. It is with this view in mind that we propose to hold an evening of folk music on March 8th (Wednesday), at 8 p.m. (the word "folk" being used in its broadest possible context.)

"Folkus" will feature the work of a number of Guy's students and nurses, many of whom have written their own material. We expect that everyone who comes will be surprised by the amount of unnoticed talent that has previously been dormant.

We hope that as many people as possible will turn up so that the prospect of regular live entertainment will become more of a reality.

Yours, etc.,

DUNCAN CARMICHAEL.
IAN COOPER.

East Wing,
Guy's Hospital.

The Saga of George

SIR,—Another first, forsooth! Clearly you have not heard of George. Seventeen years ago George was the Senior Member in my garden-pool—the doyen and daddy of them all. He weighed all of ten ounces—I know, because he always insisted on his annual check-up.

One wet Sunday morning I looked out of my window at 0830 hours, and saw George—a lifeless corpse—stretched out on the edge of the pool, whence he had been untimely snatched by some passing predator. Having other things to do, it was not until 1345 hours that I got around to giving George a decent

burial. He was, apparently, very dead. Hypotonic, his dorsal fin was in ribbons, and the aldermanic eye was glazed and lack-lustre. I placed him in the water and held him, thumb and index finger half-an-inch posterior to the gills (Miles' Method). Exerting intermittent pressure, I persisted for a long four minutes; minutes punctuated by cries of derision and no little contumely from my ever-loyal family. At four minutes there was an unconvincing but encouraging gill-flutter. At five minutes this became obvious—the derision diminished in proportion as these signs became more obvious—and at seven minutes respiration was regular and automatic. Shortly after this the old gentleman mustered enough muscle-tone to indicate that he found my restricting fingers irksome, and he was allowed to sink, in a majestic but slightly drunken way, to the bottom of the pool. He never looked back.

It is interesting to note that this long period of anoxia appeared to result in no cerebral damage—he was no more lunatic afterwards than he had been before; he bit at the same bubbles, and could still be fooled to the top of his little bent by finger-tips, which he always regarded as special gargantuan Fortnum and Mason ant-eggs; and not a whit of his dignity had he lost. For all I know, he is still there, for I deserted him 15 years ago.

No doubt he owes his resuscitation to two factors: the obvious efficiency of Miles' Method, and the prevailing meteorological inclemency. Another first? Not on George's life!

Yours, etc.,

JOHN MILES.

11, Royal Crescent,
Cheltenham.

P.S.—He grew a brand-new fin, too.

Memo to an H.S. from a Night Nurse

Oh, Mr. Houseman, wise and true,
Pray, can you tell me what to do?
Dear Mr. ** cannot sleep,
He just lies down there counting sheep.
Those Welldorm are no good for him—
How about a drop of Gin?
And Mr. * he coughs and splutters,
Staff Nurse Joode she sits and mutters.
Linctus Co. might do the trick,
So come on Doc and write up quick!
Just to end this little rhyme,
Please scribe some T.T.O's. on time.
Wishing you a good week-end,
Hoping I remain your friend.

J.S.

SPORT

The various clubs have been much affected by the recent inclement weather, perhaps the Rugby Club most of all. They have had the Cup semi-final postponed twice and missed a match against London Irish. The waiting around for the semi-final has been a little too much for some dozen members, who, in lieu of a match held the inaugural meeting of the Duodecimi Society in a well-known local hostelry. However, this seems to have affected them little, and they have enjoyed some success on the field.

Devonport Services entertained the 1st XV on January 25th, and in a disappointing game, Guy's won 9—0. The general play was undistinguished, and the points were scored by W. Davies (penalty), D. Elliott (dropped goal), and Paul Williams (try).

The following week at Coventry, Guy's were again beaten, due to Coventry's dominance of loose rucks and line-outs. Outside the pack, Webb was outstanding, and he was found too difficult to contain all the time. Guy's opened the scoring with a try by Price, which W. Davies converted. By half-time, Coventry were leading 6—5 (a penalty goal and a dropped goal), and after the interval scored four tries. Unluckily, a touch down under the posts for Guy's in the last minute was disallowed following a forward pass, so the final score was a somewhat unhealthy loss 22—5.

We offer congratulations to Graham Hey and John Ross on being selected as travelling reserve and non-travelling reserve respectively for the B.U.S.F. Easter Rugby Tour, which this year is to play a French Universities XV on March 23rd at Clermont Ferrand.

Last, but not least, we congratulate Bob Clark on his recent fine performance in goal for the U.H. hockey team against Cambridge University.

RUGBY

GUY'S v. EXETER

Saturday, 22nd February, 1969
Result: Won 14—3.

The ground at H.O.P. was heavy and slippery after the successive frosts, snow and thaw of the previous week when Guy's entertained Exeter on the morning of 22nd of February. Excitement came early for in the first five minutes of the game Elliott charged down a kick, the ball bounced forward from his head, and he gathered it to open the scoring. From then the game seemed lethargic, as Exeter obtained first rate possession from the lineouts by holding down the Guy's jumpers, and failed to utilise their chances. The Exeter stand-off persistently pierced the Guy's first line defence with high kicks and carefully placed grubbers, but the cover provided by the back-row, especially Neville at number eight, cleared up the ball, thus ridding the Exeter threequarters of their possession. W. Davies at full-back fielded many difficult kicks, apparently making easy work of the heavy and greasy ball. Meanwhile Guy's concentrated on moving forward from the tight scrums, and retrieving good loose balls from the many untidy rucks; during this stage of the game the three-quarters seemed to lack inventiveness, and were obviously hampered in their movements by the very heavy condition of the pitch. Merrett however, still managed to put out a good ball from the scrums and rucks, and the Guy's pack attacked continually, running together with the ball at every opportunity. Finally a score came from a lineout on the Exter's "25", just before half-time: Guy's who by now had overcome Exeter's dominance of line-out possession, won the ball, and passed it out. The Exeter standoff, advancing fast, knocked the ball down from what seemed an offside position, and the Guy's pack drove on the ball on the ground, Challacombe finally picking up to score. Elliott converted, to make the score at half-time 8—0 to Guy's.

The second half was altogether more exciting, with Guy's obtaining far more possession, and running imaginatively with the ball. Exeter continued their policy of kicking away possession, which provided Davies and Neville, whose covering was relentless, with ample opportunities to make ground. The pack as a whole looked far more businesslike, and drove hard in the loose play, often combining in a rush of short passes. The three quarters began to play together very well, and it was tremendous to see quick passing along the line, with players

coming back into the line after passing the ball out. Shutes, on the right wing had two long runs, being finally caught by the Exeter cover. Ross, on the other wing always looked dangerous, and on one particular occasion beat at least four men in his inimitable manner, and charged over the line, but apparently dropped the ball in the process. Then a penalty was awarded to Guy's about 40 yards out on the right on the touch line we all said "Run it Guy's!"—but Elliott strode up, and kicked a magnificent penalty goal. From this point, Guy's dominated the game, gaining possession from all phases of play—until a scrummage offence in front of the Guy's posts gave Exeter an easy 3 points. From the following kick-off the Guy's pack stormed through the Exeter team, driving the ball onwards towards the line, led by Williams and Blackwood. The Exeter full-back could only carry the ball over and touch down for a five-yard scrum to Guy's. The Hospital won the scrum, and held the ball in while the back-row broke away to take a pass, the Exeter defence seemed mesmerised, and while they waited for something to happen Merret picked out the ball, and calmly dropped a good goal from 10 yards out, the ball seeming to hang in the air before clearing the bar. The game was now over, and the small but enthusiastic crowd headed for the bar, hoping that the afternoon's international would provide as enjoyable a spectacle.

TEAM: W. Davies, J. Ross, J. Price, D. Smith, J. Shutes, D. Elliott, D. Merrett, J. Davies (Capt.), G. Hey, S. Challacombe, J. Stoneham, M. Cockburn, P. Williams, C. Neville, R. Blackwood.

L.J.T.

GUY'S v. MIDDLESEX HOSPITAL
2nd XV Cup Match

The 2nd XV, opening their cup season against the Middlesex, scored a resounding victory which augurs well for their chances of retaining the cup for the third year in succession Middlesex, doubtless remembering their severe treatment at the hands of recent Guy's sides, played with commendable spirit, although hopelessly outclassed. The playing conditions were atrocious, the pitch resembling a World War I battlefield, and to amass a total of 32 points is a tribute to the skills of the 2nd XV, extremely well led by their skipper, Lawrence Turner.

The basis of their victory, as in every rugby match, was domination by the pack. This began in the front-row where Cembala, excellently supported by Logan and Burlinson acheived innumerable tight-head heels. The second rows Stuart and Burt were a prodigious powerhouse in the tight, scoring a push-over try from fully fifteen yards, whilst the back-row foraged ceaselessly in the loose. The standard of rucking was very high, ensuring 90 per cent of the loose ball, a fact which did not go unnoticed by those first team members present!

Behind the scrummage Croft at scrum-half, althought occasionally embarassed by the amount of possession, proved an effective link with his partner Barough, who used his speed off the mark to great advantage in the glutinous mud. At centre D. Lewis was partnered by Novak, in the absense of the injured Barton. Although again demonstrating his talents in defence, Lewis was too often guilty of giving "man and ball" a luxury which cannot be indulged in against sterner opposition.

Armstrong on the right wing was virtually incapacitated by a pulled hamstring early in the second half but stuck gamely to his task. Barford on th other wing played a very competent game scoring a particularly good try unfortunately dissallowed by the referee, who bore an uncanny resemblance to the recently elected President of the Duodecimi. J. Ritchie at full-back underlined his promise for the future with a typically sound display.

All in all this was an exceptionally good team effort by a powerful side, none of whom would disgrace a first fifteen jersey, some of whom will no doubt attain one in the coming seasons.

TEAM: J. Ritchie, B. Armstrong, J. Novak, D. Lewis, D. Barford, R. Barough, C. Croft, J. Logan, J. Cembala, R. Burlinson, D. Stuart, R. Burt, L. Turner (capt.), K. Rigg, N. Allen.

SOCCER

UNITED HOSPITALS CUP: SEMI-FINAL
GUY'S v. CHARING CROSS

Sat., 22nd February. At the London Hospital Ground.

Result: Lost 3—1.

In their attempt to reach the U.H. Final for the fourth consecutive year,

Guy's banked heavily on experience for their semi-final with Charing Cross.

The London Hospital ground was in fine condition as the game opened in true cup style, both sides being slow to settle down. With the Guy's defence easily containing the Cross attack, Guy's made the first scoring move when Poole shot narrowly wide. The game swung from end to end, but gradually Guy's were thrusting strongly, and after several close misses, they opened the scoring through McClure. Lindridge took a free kick out on the left, which the goal-keeper could only parry, and McClure following up, volleyed the ball home. The remainder of the first half was much as before, with Guy's having perhaps just a slight edge.

The second half opened disastrously for Guy's with Charing Cross equalising after two minutes. The opposition outside left, from a very suspicious offside position, mis-hit his shot sufficiently to deceive the despairing Wood. For a while Charing Cross controlled the game, and they went ahead with a fine goal headed from a corner. Forced on to the offensive, Guy's surged forward and now had the majority of the play. In a fine run down the wing, in contrast to his earlier attempts, Drage pulled the ball back well, but the ball ran awkwardly for Jacobs, and his shot was cleared. The robust tactics of the Charing Cross side were upsetting the Guy's team, and the Cross left back was indeed fortunate to escape without warning for a series of disgraceful fouls. In a breakaway attack Charing Cross found the Guy's defence sufficiently stretched for them to score a somewhat lucky goal. Intense pressure in the closing minutes came to no avail and the next to the last minute the Cross left back was again guilty of yet another dangerous tackle, and was booked for his deeds when a dismissal from the field of play was undoubtedly called for.

Thus the Cup has eluded us for another season, but on reflection the more urgent approach of the Charing Cross side was perhaps the deciding factor in an exciting game. We wish them well in the Final.

For Guy's, Taylor and Nash were outstanding in defence and the unstinting efforts of McClure, Baker, and Lindridge in attack deserved greater rewards.

TEAM: J. Wood, J. Edwards, K. Taylor, S. Poole, I. Nash, R. Lovell (Capt.), D. Jacobs, I. MacClure, C. Baker, D. Lindridge, S. Drage.

R. Lovell

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of Temporary Registrar in Renal Medicine, with duties to commence as soon as possible and appointment until 30th September, 1969. Applicants should be a Member of one of the Royal Colleges. Forms of application are obtainable from the Superintendent and should be returned not later than 10th March, 1969.

GUY'S, MAUDSLEY, KING'S COLLEGE HOSPITALS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for appointment as a Senior Regitrar in Neurosurgery. The appointment will be made jointly by the bodies concerned and will be held alternately at the Guy's, Maudsley and King's College Hospitals Neurosurgical Unit and the Reginal Neurosurgery Centre at the Brook Hospital. The appointment will commence in June, 1969 and will be subject to annual renewal. Applicants should have had Registrar experience in neurosurgery and should have a higher surgical qualification. Apply to the House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5, for form of application, returnable by 22nd March, 1969.

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 7th May 1969 a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The Course will consist of six sessions, from 6.00 p.m. to 8.00 p.m. on 7th, 9th, 14th, 16th, 21st, and 23rd May 1969. Fee: £10 10s. 0d. Further particulars and forms of application, which should be returned as soon as possible and not later than 31st March 1969, may be obtained from the Dean, Guy's Hospital Dental School, London Bridge, S.E.1.

PHYSIOLOGY DEPARTMENT, GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from medical or dental graduates (men or women) for a post of **Lecturer** or **Senior Lecturer.** These are good opportunities for research in co-operation with clinical departments. Salary in the range £1,895 to £3,255 p.a. (under review), according to qualifications and experience, with superannuation. Application should be made on a form obtainable from the Dean.

AMERICAN HOSPITAL NEUILLY-SUR-SEINE

Single, male Medical Graduates with one or more years of internship should, if interested, write to the Executive Governor, American Hospital, 63, Bld. Victor-Hugo, 92, Neuilly-sur-Seine, for information as to future vacancies on its House Staff.

PASS LIST

INTERIM FINAL EXAMINATION OF THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Miss B. J. Denny
Miss E. M. Hayes
Mrs. C. A. Quick
Miss J. A. Lauder
Miss S. M. Matthews

PERSONAL

BROCKLEY—Two furnished flats 8 minutes London Bridge, suit married couple, also four persons sharing—Rev. Reginald Frost Tel: 274 5001.

TUNBRIDGE WELLS—Recently qualified Dental Surgeon required as an assistant with a view to expense sharing partnership in a busy progressive practice housed in purpose-built modern surgery block. Full chairside and clerical assistance, hygienist, laboratory on premises. Box No. 6/2.

WANTED—2/3 tenants to share house in Orpington with Guy's doctor and wife. £3 15s. 0d. per week basic, each. Ideally situated for London and country. Apply Dr. Gibbs, St. Olaves, BER 4311. Box 8/2.

FOR SALE—Fiat 500 pale blue, July 1967 only 3,000 miles. £325 excellent condition. Malleson, 30 Thurlow Road, N.W.3. Tel: 01-435 7363.

CHANGES OF ADDRESS

Dr. and Mrs. G. B. Clinton Jones, "Somerset", Waterford, Lymington, Hants.

Mr. and Mrs. P. M. Everett, Davenport Cottage, Birdingbury, Warwicks.

Dr. and Mrs. Tim Guerrier, 12 Charlotte Street, Bristol, 1. Tel: Bristol 21739.

Dr. and Mrs. M. J. Hoyle, Old Kemys' Cottage, Main Street, Cleeve Prior, Evesham, Worcs. Tel: Bidford-on-Avon 3226.

Eva and David Loader, Backgatan 20 S-442 00 Kungalv, Sweden.

Mr. Michael L. Maberley, Dental School, P.O. Box 115, Suva, Fiji Islands.

From 28th March, 1969, Dr. B. C. Morgan, 20 Elgin Road, Bournemouth, B.M.4 9NL. Tel: Westbourne 66701.

Dr. and Mrs. John Older, Cricht, Croft Road, Godalming, Surrey.

Dr. F. R. H. Wrigley, 611 Belmont Avenue, Montreal 217, Canada.

BIRTHS

MOWBRAY—On 14th January, 1969 to Carolyn and Howard Mowbray, a son, Aidan Giles Howard, a brother for Theresa.

JAMIESON—On 25th November, 1968, at Chelmsford, to Tom and Charlotte (née Taylor), a son, Thomas Stuart.

BIRT—To Peta and Lascelles Birt, on 12th January, a daughter Deborah.

DEATH

GARSON—On February 7th, 1969, suddenly in his surgery, Saul (Solly) Israel Garson, L.D.S., R.C.S. Eng., aged 78 years, of 98 Hillsborough Court, London, N.W.6.

PAPERS BY GUY'S MEN

Maini, R. N. & others. Bradycardiac angina: haemodynamic aspects and treatment. *Brit. med. J.*, 1969, **1**, 92.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

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GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2104

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Greenwood Auditorium

It has long been felt that one thing much needed at Guy's was a place of assembly into which the Hospital would be proud to introduce meetings of Professional Societies, hold the more important lectures, prize-givings, and attract International Congresses. There has also been a need for a more suitable place for the performance of events of a theatrical or musical nature.

At the Dental Dinner, held recently at the Park Lane Hotel, Lord Robens was able to tell the assembled diners that both these needs were about to be satisfied. He gave the first official confirmation that, through the generosity of Sir James Greenwood, we should be able to build an Auditorium in the near future.

It is planned to build the Auditorium to the east of New Guy's House at the corner between Snowsfields and Weston Street. This site is, at present, occupied by a warehouse whose demolition is foreseen in the near future.

Although plans are by no means complete, the general lines along which the building will be constructed are known. The Auditorium will be able to accommodate four to five hundred people in seats arranged on a single raked level. There will be a fully-equipped stage and back-room facilities. It is also intended to have facilities for Closed Circuit Television and for simultaneous translation. As the building will be at ground level the opportunity has been taken to plan a Swimming Pool beneath. This, Lord Robens assured his audience, would be of the highest quality and of such a size as to permit competitive swimming to take place in it (this can be taken to mean a bath of 25 metres, which is the minimum recognised length of baths for competitive swimming).

The brief for the Architect is now being developed. It is most gratifying to hear that the opinions of the future users of the Auditorium are being heard at an early stage of the planning, including the Student Clubs, especially the Theatre Club, that will be able to use the building. This will ensure that the Auditorium will have the

maximum of flexibility, and so be of usefulness to the whole community.

That the plans have been conceived at all has only been possible because of the generosity of Sir James Greenwood, a Governor of the Hospital, and it is appropriate that the building will be known as The Greenwood Auditorium.

The Tower Block

It is only on one's return to the Hospital after an absence of a fortnight or so that one is really aware of it, the slow ascent of Guy's new edifice, but there can be no doubt that progress is being made. The most easterly portion is now appearing over its surrounding fence as its third layer is erected and the other sections will soon be following it, emerging from wooden encasements to gaze on to a scene that soon they will dominate.

As is only appropriate for a building dedicated to the "New Medicine", all measurements are now being changed over to metric proportions. We are told that, despite the use of concrete injection methods of construction, the stuff is available in larger doses than are normally available from pharmacists, and not measured in milligrammes.

We hope to publish an article from the Planning Office on the details of the Tower Block in the near future.

The Dental Society Annual Dinner

After a strenuous Clinical Day, Guy's Dentists retired to the luxury of the Park Lane Hotel for their Annual Dinner. The date was March 1st, but the menu was in immaculate French, which must have upset any Welsh Nationalists present. However, whatever the language on the menu card, no one could over-praise its realisation. An excellent meal, rounded off with the customary, though no less appreciated, apples donated each year by a Kent farmer grateful for his treatment at the hands of Guy's Dentists.

The Dental Dinner has a long tradition for the excellence of the speeches that follow it. This year this reputation was enhanced. After the loyal toasts, Lord Robens rose to propose the toast, "Guy's Hospital and Schools". He elucidated on the position of the Dental School in the Tower Block, and explained the efficiency with which the many lifts would whisk Staff, students and patients up to the top ten floors of the block. Lord Robens then went on to detail the plans for the new Auditorium described above.

Professor Cawson, gracefully serenaded the Society's guests with his customary good humour and Mr. R. C. B. Gray replied for the guests. Mr. B. W. Pitt, proposing the health of the President, Mr. J. Mansie, broke into verse at the slightest provocation, reciting lines specially written for the occasion—and the object of his toast. The President replied with a typically generous speech, and R. W. Kendrick (Hon. Secretary, Guy's Hospital Dental Society) closed the formal proceedings with an account of the Society's activities over the last year.

Prize for Guy's Man

The Robert Philip Medal, presented annually by the Chest and Heart Association to a physician in the Commonwealth who has made a notable contribution to the campaign against tuberculosis, has been awarded to Dr. Wallace Fox.

Dr. Fox qualified at Guy's in 1943, and was elected F.R.C.P. in 1962. He was the first Director of the Tuberculosis Chemotherapy Centre in Madras, India. During his time there, from 1956-61, he was able to show that home treatment was as effective as sanatorium treatment, despite appalling living conditions, provided that a strict régime of specific drug treatment was adhered to.

Dr. Fox was also associated with the first controlled trial of drug treatment in tuberculosis, so far as is known, in the African, and since 1962 he has developed a programme of research in co-operation with the Hong Kong tuberculosis services.

Birthday

Seen in "Today's Birthdays" in the *Sunday Times*, 8th March:—Sir Rowan Boland, 771 ! We congratulate Sir Rowan on his 71st birthday.

GUY'S DIARY

MARCH

17	M.	Clinical Lecture. Dr. FLEMINGER. "E.C.T."
20	Th.	Clinical Lecture. Dr. JOINER. "Temporal Lobe Epilepsy."
21	F.	2.15 Combined Round: Pre-Clinical Classroom. Chairman, Dr. MACKEITH.
24	M.	1.00 Clinical Lecture. Mr. TOMKINSON. "The History and Present Day Practice of Contraception."
25	Tu.	1.00 Clinical Lecture. Mr. BLACKBURN. 'The Management of Thyrotoxicosis."
27	Th.	1.00 Clinical Lecture. Mr. WASS. "Enlargement of Lymph Nodes in the Neck."
28	F.	2.15 Combined Round: Pre-Clinical Classroom. Chairman, Mr. MAYNARD.

CONSULTANT EMERITUS

PATRICK WENSLEY CLARKSON

M.B.E., M.B., B.S., F.R.C.S.

It is with great regret that the Guy's community, past and present, will receive the news that Mr. Patrick Clarkson, for health reasons, has had to cut down on his very full and active life, and has therefore relinquished his commitments at Guy's and has been appointed Consultant Plastic Surgeon Emeritus to the Accident and Emergency Department. This is a great loss,

for few have contributed so much to the efficiency and teaching and at the same time have brought credit to the hospital by their professional reputation outside. There was a time, shortly after the war, when one of the few places, possibly the only place, where one could take a visitor and show him a department that was patently well organised and progressive was the old Front Surgery. Also, if one had to pick out three Guy's surgeons who were internationally appreciated in their special fields, the names would be Atkins, Brock and Clarkson.

A few points in Patrick Clarkson's career will illustrate his remarkable drive and ability. He was educated at Christ's College, New Zealand, where he was a contemporary of Mr. Batchelor, and as he had Scottish ancestry he went to Edinburgh University. During a week-end in London he met some Guy's men who not only suggested that a more southern approach might suit him, but told him that there was a scholarship he could take which would make this change financially worth while. He sat this, was successful and came to Guy's. His impact was soon felt. He was the inter-hospital heavyweight boxing champion and represented the hospital at squash racquets, where his bulk, reach and dynamic stroke play made him a most dangerous opponent. He had a brilliant career as a student, and won the Treasurer's Gold Medal in both Medicine and Surgery. He was Editor of the "Gazette" in 1934-35. He got his Final Fellowship within a year of qualification. In the years before the war he stood out as one of the most brilliant and promising of the younger men at Guy's, and during this time, as a spare-time activity, he returned to take the London Matriculation as the first step in the necessary stages of acquiring his University degree.

He had an eventful and distinguished war record and was awarded the M.B.E. During this time he came under the influence of Sir Harold Gillies, with whom he was subsequently closely associated, and decided that plastic surgery was to be his speciality. His success and achievement in this field are well known. He was an original member of the British Association of Plastic Surgeons in 1946, and was the first President of the Plastic Section of the Royal Society of Medicine. Other appointments apart from Guy's included Plastic Surgeon to Millbank Military Hospital. He was twice Hunterian Professor of the Royal College of Surgeons, in 1946 and 1965, and is the author of books and many articles on plastic surgery, on the hand, and on burns. He is an honorary member of the corresponding societies in his speciality in the United States, and other countries, and was at one time co-President of the International College of Surgeons for Great Britain and the Commonwealth.

A surgeon with an international reputation must spend a lot of time in the theatre but Patrick Clarkson has been much in demand as a lecturer, and invitations to contribute to meetings in his speciality has meant a lot of travelling. Despite this, his first loyalty and love is Guy's and his work and teaching there was never encroached on by other commitments. He would visit a child with burns at any hour of day and night, and his lectures in the Casualty Department were well attended (without a list to sign!), and much appreciated, despite the hour of 8 a.m. Students, and particularly his O.P.Os., will remember his personal interest in their careers and his hospitality.

It is sad to have to write this appreciation a few years before it would normally be due but we must be grateful that one who crammed so much work and enjoyment in his time was so generous with it to his hospital. It is good to know that his experience and advice will still be available and that one who has always been a forward thinker will now have more time to devote to the academic side of his speciality. With gratitude for the past, we wish him many years of continued activity combined with well-earned relaxation and enjoyment.

ANALYTICAL PSYCHOTHERAPY

By

Dr. William Kraemer

1. What is Analytical Psychotherapy *

Ladies and Gentlemen,

To-night I am going to talk to you on the theme of analytical psychotherapy. This may at first sight seem a familiar and at the same time sufficiently concise term which would need no definition or further explanation. The term has for some decades served to describe the work done in certain clinics and establishments, which consists in the treatment of neurotic and psychoneurotic or similar patients by analytical procedure. This therapy, in other words, is based on the theories and techniques of the analytical schools, foremost those of Freud and Jung and their disciples and successors. While occasional medicinal adjuncts are not ruled out in some cases, the essence of our work has always been analytical, and neither medicines nor behaviourism or any other scientific or unscientific method belong to our ethos. On this we are, I think, all in agreement, but one of the real difficulties inherent in the term which forms the title of my talk concerns the meaning of the concept of analysis. As there exist not one but several schools of analysis, and as some of these schools have been at deadly feud with one another in the past and even to this very day, can we really speak of analysis as if it were a well-defined, universally-agreed system? Does it make sense when we use words like transference which Freud, his own successors and so many neo-Jungians regard as the quintessence of analytical procedure, as if we all meant the same thing, when Jung and some of his disciples have at times gone out of their way to give this concept a new and different meaning, thereby changing the whole idea of the original psychoanalytical model?

D. W. Winnicott for one, has never tired of warning us against the assumption that we talk about the same thing when we use the same word. If this is a problem even among analysists of the same school, how much greater is the danger of misunderstanding—and worse : false agreement—between analysts of different schools and their derivatives ! The evolution of analytical theory and technique has in a way complicated matters further, as the scientific sophistication of analysts has enormously increased since the days of the early formulations by the founders, and individuals and groups have established high standards of critical assessment. If Beethoven could be

* The first part of a paper read to the Psychological Society at Guys in March, 1967. The second part will be published in our next edition.

present at the performance of one of his chamber- or symphonic works he might be surprised as well as gratified by the brilliance of technique no less than by the depth of understanding and intuition displayed by contemporary performers. Equally Freud and others of the great discoverers and inventors of psychic models and concepts might well be impressed by some developments which have recently taken place in the analytical field. Jung, incidentally, who was still alive when a great deal of new thought had grown out of his original theses and ideas, was, I think, not only surprised and impressed but at times—not unlike Freud—also dismayed by what he saw of such development in later years, and this may in fact correspond to the feeling or fear of being misunderstood which has also been experienced by classical and modern composers. Not only have new ideas arisen from the older ones, new languages have also come into being along with the ideas. These languages are organic and creative instruments of communication among those who have lived through similar inner experiences, while to the outsider who has had no such experience in his own analytical development and who has acquired the knowledge of any particular linguistic system merely by means of his intellect, i.e. from outside,—it may not be more than a purely functional idiom such as could be useful for solving a crossword puzzle. It is true to say that only those who have had live analytical experience can use and understand corresponding analytical languages, lest these remain artificial creations which lack poetic and scientific truth. If, therefore, we seek the truth we must start with a critical assessment of what in actual fact we mean when we use any words at all, even apparently straight-forward and unambiguous ones like "analytical psychotherapy". Only such concepts as have been integrated by the person who uses them and are based on his own knowledge of inner events can have any validity in communication. The value grows with a deepening of the knowledge, and this can only be achieved by a perpetuation of live experiences, which prevents the petrification of analytical concepts and idioms.

The term of which we are speaking to-night was deliberately chosen by many of us to describe the nature of our work when the first analytical Clinics and Centres came into being more than a quarter of a century ago. It served the purpose of stressing a new element in psychiatric procedure, the very element which we regarded then as we do now as essential in our approach. It implied that our work was absolutely different from that of the General Practitioner, social worker or minister of a church who might be called upon to give encouragement, explanation, advice or so-called supportive therapy. It meant that neither hypnosis nor suggestion, nor any religious or philosophical teaching were to form the basis of our therapy, but that this basis was solely one of relationship between therapist and patient. Its nature was clearly defined and found its main expression in a dialectic exchange between the two persons concerned. Freud had worked out precise rules which were designed to make this relationship therapeutically fruitful and economical, and we might have called our work "psycho-analysis" had it not been for the fact that some of us had not received their training at the Institute or

belonged to the Psycho-analytical Society, and we therefore rightly felt unqualified to call ourselves by the Freudian name. Furthermore, there was a strong element of Jungian and eclectic influence among us, and speaking specifically of the Edinburgh Davidson Clinic where I worked from the early 40s until eleven years ago, and abroad we prided ourselves on being rather broad-minded, and as we were far away from the feuding parties in London, Europe and America, we thought we would attempt to live in creative peace with one another and—as the Oxford Dictionary defines the eclectic—"select such doctrines as pleased us in every school" and "borrow freely from various sources". This—I now feel—was both our strength and our weakness. The former because it actually enriched our work, the latter as unintegrated bits of theory and technique were taken over and a certain degree of confusion of attitude was the unavoidable result. Jung's known dislike of procedural rules in clinical techniques was—at least as far as I was concerned—used in defence of this state of confusion which incidentally often proves a very healthy condition to be in, if it is sufficiently uncomfortable to make one seek clarification.

It would be unjustified to deny the great contribution which Jung has made in the analytical field, especially by adding a new dimension to the therapeutic relationship through the concept of the archetypal nature of the psyche which was bound to lead to a new attitude towards the phenomenon of the transference. This Jung no longer understood to consist of a mere projection of infantile and repressed contents onto the analyst but rather of experiences which were rooted in an *a priori* existing collective unconscious. This latter aspect of the transference soon outweighed the former in Jung's estimation, which is one of the main factors that produced a distinct difference in the therapeutic approach of the two schools in the past. More recently the pendulum has to some extent swung back with the result that many Jungians again emphasize infantile projection as being of foremost clinical importance in the work of the transference, and many followers of both schools find themselves in agreement on, at least, some fundamental points concerning theory and practice of analysis.

A further very good reason why the term analytical psychotherapy was preferred to psychoanalysis (or for that matter to analytical psychology which, however, had not yet acquired the status of a defined discipline in this country and was not backed by a learned society until much later) was that psychotherapy covers a wider field than does analysis, as this is usually understood as a particular form of psychotherapy. I do not intend to discuss this complicated point to-day beyond saying that analysis is a more intensive form of treatment than analytically oriented psychotherapy and thereby develops a different quality of relationship. There are a variety of reasons why analysis cannot be universally applied. It may, for instance, be that a patient is too ill to undergo the rigour of pure analysis, or else the higher frequency of sessions which according to many analysts is a pre-requisite for analysis proper may not be available. In such cases the less intense form of therapy might have

to be chosen. However, the analytical emphasis of the treatment and most of all the analytical orientation of the therapist are of decisive significance in *all* this work, and the necessity for analytical integrity is no less urgent in the wider field of therapy than in that of pure analysis.

One of the most important points of agreement which have at all times existed between many analysts of differing schools is that we see our work not merely as aiming at the adjustment of neurotic attitudes in our patients and ourselves, but much more basically as concerned with the creative development of the personality. I hesitate to use the word "creative" which has become hackneyed almost beyond recognition, but it is difficult to think of a better one. What is to be created is the *whole* person and the *true* self. Western man is more often than not a pseudo-adult with all the appearances of functioning and responding in relationships with others. He usually acts as if he were an adult. Political speeches, newspaper articles, public platforms all combine in keeping up the illusion of wide-spread adultness which by an unconscious conspiracy is thus maintained in apparent existence. Only when crises shatter the illusion does the artificial structure with its adult trappings collapse or at least reveal its spurious character. In reality our small child had remained frightened, uncertain, and largely unrelated to the superimposed false carapace. The child had not been allowed to develop his own pattern and eventually his own adultness; he had never been sufficiently loved, understood and valued as a person in his own right, and when the Davidson Clinic included in its early prospectuses and annual reports the "valuation of the personality" as one of the declared aims of our work it thereby emphasized the false valuation of himself to which modern man has fallen victim as one of the causes of the alienation from the self.

The poor neglected child within holds all the creative potentialities of this self, but as he has remained crouched or prostrate at the bottom of the shell he could not come into his own and needed to be found and fed, recognized, loved and cherished, and who else but the analyst would be willing and capable of attempting to do this? It is not as if analysis consists of a mere reliving of infantile experiences, it is much more that a special relationship is established in the analysis which allows the analysand to experience the right to feel, speak, act and express himself as a child. Many of the things which he thus lives through cannot be said in words, for some are preverbal so to speak or can only be felt as body sensations and communicated in tears, in silence, body movements, physical symptoms and other primitive forms. Some of these inner events are like torrents, fast flowing and often too chaotic to allow of any description. The couch, usually a more appropriate arrangement for the patient than the adult and sophisticated chair, may become a cot or a furnace, a haven or prison. There may be violent explosions of rage, sobbing, hatred and love. The patient may go through the fire of divine revelations or drown in the turbulent waters of confusion and despair. He may lose himself so as to find, be blinded and become aware, be born or die.

The one thing which will make all this possible, so that in the end he does not altogether perish but that time and again he is saved and lives, is the bodily presence of his analyst who goes with him through all these inner events and never abandons him, even though at times only a thin thread of reality may keep him in the awareness of the analyst's presence. The analyst holds him and goes on holding him all the time, whether he spits active venom or threatens to sink into the morass. He gradually discovers that the analyst can be sufficiently relied upon and that, although far from altogether trustworthy, the analyst is somehow good enough. Both, the nursery image of God and that of his own mother had originally been characterized by *absolute* goodness and *absolute* trust and their omnipotence been held inviolate. The analytical situation is different : the analyst only sees you four or five times a week for fifty minutes at a time, he has to be paid by you, he goes on holidays without you and perhaps without even telling you where he is going, he neither scolds nor praises you. Yet while you have to spend more than 23 hours out of 24 without him, he still is somehow with you even while you know him to work with the same devotion (or almost the same!) in administering to your unknown but in any case disliked and envied brother and sister patients. You are just a case for him, a mere object of his professional interest—no more and no less, *so you say*—but at the same time you feel safe with him—at least some of the time, and even like or love (and of course despise and hate) him quite a lot. He misunderstands and misinterprets you, he forgets what you have told him only last week, or he even mixes you up with one of the other patients, but all the same you continue to trust him to a considerable degree. Strange as it may seem, you also find out that your analyst does respect you as a person. He knows about your infantile idiocies, your shameful and childish sexuality, your jealousies, rages and all your silly, immature thoughts and feelings, and yet he respects you. He takes you seriously, treats you as an equal, however little you feel you deserve it. Your analyst knows himself and his own latent or manifest shortcoming and failings, and he does not take advantage of the situation and therefore does control his potential desire for inordinate power over you. As he is aware of himself as well as of you he is in fact *very much* in control of the situation, and this is why he *can* be trusted. The trust contains all your distrust, your liking, all your dislike of him. It is a very complex situation between the two of you.

This situation is based on a highly specialised and well defined relationship in which the patient is held by the analyst as a baby is held by his mother. However, it is not merely a re-emergence of past experiences which constitutes the analytical event, but this—while it contains the past and the patient's early relationships—is also new and authentic. It re-members a dis-membered past and is concerned with unique happenings here and now through which the patient lives with the analyst. Their meaning forms the subject of interpretations, and thus whatever takes place in the analytical context is understood and treated as being endowed with meaning from the start of the analysis.

FOLKUS

Wednesday, March 5th.

I must congratulate Duncan Carmichael, Ian Cooper and friends on organising a very entertaining evening of "Folk" orientated music. It was most obvious from the start that a lot of work had gone into organising the abundant but elusive talent of Guy's Hospital.

I liked the overall concept of the evening, the lighting was simple but effective, and the sound equipment was well set up and used to its full advantage, without detracting from the folk atmosphere. The sequence of the singers was complementary, with a good scatter of original, blues and contemporary folk music. Imbalance is often the pitfall of such evenings, and was cleverly avoided by the organisers.

The evening opened with "The Group", John Clark, Duncan Carmichael, Angela Kearns, Tony Perl and Bruce Dick. They set the high standard of the evening in this and their subsequent appearances. They mixed their styles well and their singing of "Roll in my Sweet Baby's Arms" was particularly popular. Duncan's banjo picking was straight out of the Appalachian Mountains. The ethnic "Daddy Fox", from the Sussex Downs, was less successful as they made the error of inviting the audience's participation, a fatal thing to do with unaccompanied harmony singing. Tony Perl's fiddle playing was one of the outstanding features of the evening (his hornpipes were superb). Peter Gravitt followed the group. He was most assured, and I liked his singing and playing of Paul Simon's version of "Scarborough Fair."

Caroline Jenkins sang "Travelling People" very well. She was followed by Adrian Bennett, Ian Cooper, singing one of his own songs, and Brian Armstrong. Duncan Carmichael and Tony Perl then sang "The Hedgehog Song"—one of my favourite songs. Jean Burfoot, well accompanied by Tom Treasure, sang Tom's "Nurses' Blues" with a fantastic Blossom Dearie treatment. Then we heard another self-composed song, sung by John Strang. Duncan Carmichael kept up the high standard with a version of "Bottle-neck Blues", played on a Specimen jar. Thomas Barnes, the M.C. for the evening, had the audience roaring with laughter at his own song "Saved by Sparkling Lucozade." His dry wit and good timing were impressive.

The standard of the individual singing was high, although nearly all the performers lacked initial attack due to nervousness and inexperience, this will be remedied by future public exposure.

There were over two hundred people in the audience for this evening of entertainment, a sure sign of the popularity of this type of music and of the high standard achieved. It has long been known that Guy's has a wealth of untapped talent, and it is to be hoped that Mr. Andrew Kinghorn's suggestion, announced during the evening, of forming an Arts Lab to meet from time to time for the purpose of exploiting this hidden talent will prove to be a success.

NURSING SECTION

Home Sweet Home

Having pondered upon the subject of "living out" as a possible topic for this section, I am prompted to make some observations now in this direction, in view of the recent Nurses and Midwives Whitley Council Circular No. 148. To remind readers, and those who may not have read the National Board for Prices and Incomes Report No. 60, the relevant recommendation is quoted:

> "First-year students, compelled to live-in, should receive lodging at a reduced charge. Second and third-year students to have a choice between living in and living out. Living-out allowances for non-resident second and third-year students but not for trained staff. Meals for trainee nurses to be provided at a realistic price, and paid for at the time. Provision of free meals to trainees on duty to cease."

If, as is suggested, these proposals are to be put into effect from April 1st, then some quick hard thinking will have to be done, not only by the Management, but by the students themselves. In the above-mentioned Circular, Appendix A., a second-year student or pupil nurse, in other than psychiatric hospitals (whose age on starting her training was under 25), will receive a training allowance of £450. If she elects to be non-resident, she will receive an allowance of £66, and will pay for all meals taken in hospital. If she decides to live in the hospital, she will pay £50 a year for her lodging, and "pay as she eats". Alternatively, as a resident student or pupil she will pay £156 for her board and lodging. Once this is implemented, the 48-hour rebate payment will stop and rebate will be given only for periods of non-residence longer than seven consecutive days. This will probably be a great relief to the computer, but perhaps a little hard for the student/pupil, who relies on her rebate for her travelling expenses home or even to reimburse her mother for her sojourn at home.

Although accommodation is improving piecemeal, and there are these prospects of paying £50 for lodging and cash for only meals taken, it is hardly to be expected that there will be an overwhelming demand to remain or return to residential accommodation. The present-day attitudes and trends are towards greater freedom and independence as early as can be reasonably allowed. In my opinion, this pattern has nothing to do with individual hospitals' restrictions or quality and quantity of the accommodation offered, as well as the location of same, but is part of the universal desire for complete freedom outside working hours.

It is a pity, then, that for the "student" nurse her training allowance is such that if she wishes to be non-resident (and this does not equate with not being interested in her training), she generally has to seek inferior accommodation, or live out with a large number of friends to be able to meet with an exorbitant rent—in other words, creating a "mini-nurses' home". The price of freedom does not end there; amicable "arrangements" have to be devised between these girls to cover such mundane things as gas, electricity, heating, lighting, laundry, the window-cleaner (I gather he can be dispensed with) and FOOD. Realising that it is not easy for most of us these days to stretch our purses all that far, one wonders how a student nurse manages without parental support. Admittedly, some nurses are fortunate enough to find Utopia when they live out, but many get by with only very second-rate accommodation.

If hospitals are unable, with certain exceptions, to provide non-residential accommodation for their students, as well as trained, populace, then surely training allowances should enable a student or pupil to live out in reasonable conditions. One final observation on this subject: it would seem that, whether or not a nurse retains her self-esteem and pride in her appearance and work, this so often correlates with how and where she lives.

Tutorial Metamorphosis

In case you are wondering if there is yet another breed of supervisor wafting about, do not fear. It is only the Tutorial Staff going "out of uniform"!

Second opinion protects patient — and practitioner

THE MEDICAL PROTECTION SOCIETY

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SECRETARIAT

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NOTICES

Music Club : Annual General Meeting

The Annual General Meeting of the Music Club will be held in the North Common Room of the East Wing on Monday, March 17th, at 5.0 p.m. The committee would urge all members of the hospital who have the remotest interest in any kind of music to attend this meeting, in order that the best interests of players and listeners will be maintained. This is an important time of year for the club, when, in addition to the normal procedure of electing officers and representatives for the coming year, plans must also be made for future performances—classical, light, jazz and folk; steps must be taken to ensure that the equipment is kept up to date. Are members of the hospital aware that stereo equipment is available for the general use of club members?—an assessment must be made at this meeting to determine whether the expensive maintenance of such equipment is an economical proposition or not. The committee think it is a useful and beneficial facility; will you support this view?

We are anxious that the facilities the club can offer, and the personalities who run its activities should become as widely known as possible. Then, we can hope to retain the reputation of being the club which does the most, for the most.

Peter Stevenson-Moore, Publicity Officer.

Guy's Hospital Students' Club

ANNUAL GENERAL MEETING

Notice is hereby given that the Annual General Meeting of the Students' Club will be held in the Physiology Lecture Theatre in the Medical School, on Tuesday, 18th March, 1969, at 12.15 p.m.

S. A. R. Cooke, Hon. Secretary,
Guy's Hospital Students' Club.

Agenda

1. To read, confirm and sign the Minutes of the last Annual General Meeting held on 18th March, 1968, the Extraordinary General Meeting held on 31st May, 1968, and the Extraordinary General Meeting held on 10th February, 1969.
2. Matters arising from the Minutes.
3. To receive a report from the Retiring Student President.
4. To elect the following Officers for the year 1969-70 :—
   (a) a President of the Students' Club;
   (b) a Senior Secretary ;
   (c) a Senior Treasurer.
   (d) a Student Secretary from among the student representatives on the Council ;
   (e) a Student Treasurer from among the student representatives on the Council.
5. To report the result of the election for the Student President for the year 1969-70.
6. To receive the Accounts of the Students' Club and of the Bar for the year 1967-68.
7. To consider the following motion :—
   "That Guy's Hospital Students' Club recognises the Presidents' Council of the University of London as the supreme governing body of the University of London Union."
8. Any other business.

Guy's Missionary Fund

By the end of February, the appeal for money for the Guy's Missionary Fund had brought in £535. Money is being sent to support the medical work being done by the following Guy's trained missionaries :—

Dr. Lea, in Uganda: We are sending him £100 to be spent on purchasing a motor cycle. He desperately needs this to mobilise his Leprosy Assistants in order that they may reach their patients. Dr. Lea is doing pioneer leprosy work in the Northern Region of Uganda.

Dr. Lewis, in Ethiopia: We are sending him £100 towards the cost of building and equipping a new medical clinic which he is establishing.

Dr. Hart, in India: We are sending him £50 which is being spent on an electric sucker for his operating theatre, and such other equipment as any money left over will allow him to buy. He will let us know how he has spent the money.

Elspeth Crofts. in Formosa: £25 towards the cost of some new babies' cots.

Barbara Newman, in South America: £25 towards the cost of medical supplies.

When arrangements can be made we are also helping the following : Margaret Miller in Uganda, money for her medical needs (more details later); Pat Lelliott in South America helping to supply a reliable electricity generator and water pump for her small hospital; Jill Thompstone in the Congo, for helping to equip her new pharmacy. We also hope to be able to help Anne Bent, who is matron of a hospital in Biafra, but no money is able to reach her at the moment.

These gifts will involve virtually all the money collected. Similar needs are constantly confronting Guy's missionaries. Any contributions to the Fund should be sent to the Missoinary Secretary, Christian Union, Guy's Hospital.

The organisers would like to thank most sincerely, once again, all those people who have so generously contributed to this Fund.

THE THEATRE CLUB

will present

THE HOMECOMING

by

Harold Pinter

from Monday, March 17th,

to Friday, March 21st,

in the Physiology Theatre,

at 7.30 each evening.

Free tickets available in the Colonnade each lunch-time.

Students' Club Council

A meeting of the Students' Club Council was held on Friday, 10th January, 1969, in the East Wing.

Among the items considered were the following :—

Students' Club Bar.

The Bar Secretary reported hat the re-decorating of the Bar had been completed. The bar stools were still to be re-covered, some new tables were to be purchased and the curtains were to be dyed, probably dark red.

An increase in the price of some items on sale in the bar was approved, and it was noted that by putting up the price of beer, shandies, cider and lemonade, the other price increases recommended by the wholesale distributors could be avoided.

Owing to the almost non-existent sale of McEwen's Export Beer, this would be discontinued and it would be replaced by Double Diamond.

Congestion in the Spit.

It was reported that the following improvements in the Spit servery were being planned :—

(a) A second till is to be purchased and installed near the end of the hot-food counter. Those people who only require a main course with no extras may pay for their food there and leave the queue. All items at present served between the hot-food counter and the till will be moved along and dealt with by the present till which will be sited on an extension of the counter. The dumb waiter, which at present holds the bread, butter, cheese, etc., will be moved to provide an exit for the first queue and an entrance for the second one.

(b) In addition to these changes, it is suggested that in future all clinical students eat between 12.00 noon and 1.00 p.m., and that pre-clinical students eat between 1.00 p.m. and 2.00 p.m. This staggered lunch-hour will be entirely voluntary.

Use of the East Wing by non-Students for Group Activities.

A recommendation from the Entertainments Sub-Committee was approved that the Students' Club rooms may be made available to all teaching staff, medical and dental students, nurses, physiotherapists and the radiographers for non-Students' Club/Clubs' Union group activities. Written applications for the use of the rooms must first be made to the Social Secretary c/o the East Wing, and permission to use the rooms would be granted at the discretion of the Social Secretary in conjunction with the Entertainments Sub-Committee. The approved list of conditions upon which use of the rooms might be permitted may be obtainable from the Social Secretary.

Newspapers and Magazines.

Following a survey carried out among students, the following changes are to be made :—

(a) Newspapers—there will be less copies of "The Sun" and "Morning Star" and an extra copy of "The Guardian" daily. The "Sunday Mirror", "People" and "News of the World" are to be cancelled in favour of "The Sunday Telegraph".

(b) Magazines—a few magazines will be stopped ; these include "The Times Literary Supplement", "Men Only", "Countryman" and the "A.B.C. Rail Guide". In their places, "Paris Match", "Private Eye" and "Time Magazine" will be purchased.

(c) In addition to these changes, all newspapers will in future be marked with a rubber stamp in an effort to discourage their removal from the Reading Room.

Middlesex 7's

Tickets are available for the Finals of the Middlesex 7's at Twickenham on 3rd May. Tickets are obtainable, price 10s. each, from Mr. J. Goodliffe, Appointments Bureau, Guy's Hospital, S.E.1.

BOOK REVIEWS

A SHORT TEXTBOOK OF KIDNEY DISEASE.

This book fills a gap which is at present unoccupied, of a short textbook for undergraduate and general postgraduate reading. The standard is, in general, high, and the coverage of the field of renal disease remarkably complete which cannot even be said for some of the larger books in this field. Some of the difficult problems such as the classification and discussion of nephritis are well handled. Integration of the basic physiology into the text, although good in principle, sometimes comes a little uneasily.

A few minor criticisms, however, may be made. The choice of the acid base diagram on page 33 is curiously unfortunate. There are many better and more comprehensible diagrams, such as that popularised by Dr. Moran Campbell. Reading each section, with the exception of the chapter on hereditory renal disorders, there is little direct information on paediatric renal disease. On the whole, however, the authors have succeeded admirably to present the subject as an integrated whole and the book can be heartily recommended for undergraduate or general postgraduate reading.

J.S.C.

ESSENTIALS OF FLUID BALANCE

by D. A. K. Black, M.D., F.R.C.P., 4th edition. Blackwell Scientific Publications. Cost 30s.

An adequate knowledge of fluid balance is often essential in the care and treatment of a patient, and yet the student is too often often loth to delve into the mass of literature on the subject. However, Professor Black's account of the subject is not only very comprehensive but is also a very concise and readable account of all aspects of water and electrolyte metabolism.

After a brief general introduction to the subject, the book is divided into sections on water, sodium, potassium and hydrion metabolism and concludes with an excellent chapter on the approach to the treatment of disorders of body fluid.

In the 4th edition this very popular text has been revised throughout and an entirely new section on polyuria has been added. Anyone who is in any way concerned with the investigation or treatment of clinical disturbances of body fluid should find this book extremely useful.

G.C.V

TIDY'S MASSAGE AND REMEDIAL EXERCISES (11th ed.)

Ed. J. O. Wale, C.S.M.M.G., M.E., L.E.T., Teacher's Certificate.
Pub. John Wright & Sons, Bristol. Price 52/6. pp. 487, illust.

Originally published in 1932, this book was directed at student physiotherapists and those recently qualified, and the 1968 edition aims at concentrating on the basic principles of physical treatment in relation to pathology and to the medical and surgical techniques employed. Some condensation has been achieved and new material introduced, but this remains, basically an old-fashioned account of physiotherapy. Some sections, notably those on cardiac surgery and cardiac arrest, are useful and up-to-date, but elsewhere the methods described and the style are of another era. The references are mostly to publications of ten or more years ago (one to 1905), and old terminology is used.

Although some newer treatment methods have been grafted on, the old stock predominates, and there is an undue emphasis on massage and outdated electrotherapy techniques. Some surprising observations are made—"rotation does not occur in the thoracic region" for example—and while the book has the virtue of simplicity, it is not one to be recommended to students for other than highly selective reading.

R.J.C.

OBITUARY

DR. J. HAMILTON RICHMOND

Dr. J. Hamilton Richmond, who died suddenly at this home on the 6th January, 1969, was educated at Leighton Park School, Pembroke College, Cambridge, and Guy's. He qualified with the Conjoint Diploma in 1928, later graduating M.B., B.Chir. Cantab. In 1930 he went to practise in Wolverhampton with the late Dr. J. A. Wolverson. His partner died soon after Richmond joined him and this led to a number of appointments in due course, important among which were that of Police Surgeon and doctor to the Wolverhampton Wanderers Football Club. He maintained a keen interest in both these activities. Though he had rowed at Cambridge and played rugger at Guy's, he was a great "Wolves Man", sharing with them their good and their less good times and cheering them in moments of triumph with his hat held high. He was an anaesthetist at the Wolverhampton and Midland Counties Eye Infirmary, Certifying Factory Surgeon for the Wolverhampton District, and a Treasury Medical Officer. He was prominent in Freemasonry, being a Past Master of the Faith and Works Lodge in Wolverhampton, an Officer of the Provincial Grand Lodge and a Past Officer of the Grand Lodge of England. An Officer of St. John, he found time also to be Area Surgeon for South Staffordshire for the St. John Ambulance Brigade. He was a pre-War Territorial Medical Officer with No. 73 H.A.A. R.A. and went to France with them in 1939, returning home via Brest in mid-June, 1940. Then followed some time with a Field Ambulance Unit in this country until he was released to resume practice in Wolverhampton, where the doctors were under great pressure. He received the T.D. Golf was among his recreations and he was a member of the South Staffordshire Club. With his busy practice and his various appointments he touched life at many angles and will be missed by a wide circle of patients and friends. His father (the late Dr. B. A. Richmond) practised in Bermondsey and there was a strong medical tradition in the family. He leaves a widow, a son, Dr. David Richmond, F.F.A., and two daughters, one a Guy's Trained Nurse and the other a Radiographer.

CORRESPONDENCE

Guy's Hospital Nurses' League

SIR,—May I, through the courtesy of your columns, draw the attention of members of the Nurses' League to the Annual General Meeting to be held on Wednesday, 14th May, 1969. Further details will be sent with the League Journal in April.

Yours, etc.,
JOAN BLACKBURN,
Assistant Honorary Secretary, G.H.N.L.

The Nurses' Home,
Guy's Hospital.

SIR,—I would very much like, through the courtesy of your magazine, to thank Mrs. McGlore, the organizer of the Voluntary Service Organization in Guy's, on behalf of the Catholic Society, for her most interesting talk.

We did not realise the numerous and varied fields of the work of her volunteers in our own hospital, and her discussion certainly fired our enthusiasm.

If any of the other students are interested, she is found at Extension 229.

Thank you.

Yours, etc.,
P. WILLIAMS.

Catholic Society,
East Wing,
Guy's Hospital.

SIR,—After reading the letter on "Nursing Administrators", I feel prompted to speak on behalf of myself and two colleagues who are doing exactly what Miss Grant hoped to see in 1969.

We are all married (I was previously a Ward Sister and my two colleagues were Staff Nurses), and we are employed in the same capacity to teach practical nursing, under the supervision of Tutors, to the Junior Nurses in the Introductory Course (the first eight weeks of training). During this time we supervise small groups of nurses in the wards, carrying out simple nursing procedures that gradually introduce them to the patient and also to the ward routine.

At the end of the course, the nurses remain under our supervision when they have leave from the wards to attend study periods, during which time they receive lectures and bedside teaching. This continues for the first months of their life on the wards, so on the whole they are supervised by us for almost the first six months of their training. Surely this period of "shepherding" is long enough to integrate the Junior Nurse into the wards, and she should then become the responsibility of the Senior Ward Staff.

To my knowledge, this system of employing married nurses in the Introductory Course has been in operation for a few years now, and works extremely well, but as one member has usually been a Ward Sister recently, I personally do not see the need for a Clinical Tutor.

c/o The School of Nursing,
Guy's Hospital, London, S.E.1.

Yours, etc.,
MARGARET PENNEY.

Demos

SIR,—Not, as I once thought, the Greek word for "the community" as opposed to "hoi oligoi", the few, but a misbegotten abbreviation for a long word connoting an attempted disruption of society by the immature and inexperienced.

The revolt of the young against their elders is probably as old as time, and in some savage tribes went so far as to put their elders to death. A youth, as he gets towards manhood, often becomes aggressive, particularly towards his father; and one has not always to go outside one's own family to discover this, with its tendency for regret later in life for any overt, even if mild, acts of familiar insubordination.

The world-wide manifestation of this spirit today is largely, one feels sure, a purely imitative convulsion, an attempt on the part of the young, to prove their manhood, and a kind of instinctive revolt against all the spoon-feeding that has been done of them since the war.

Let them, however, remember that the two generations which preceded theirs proved their manhood on the battlefield, and it is only due to their sacrifices that our present youth have the liberty to cavort about the streets as they do, and do not live as, for instance, do the Czechoslovakians, under the surveillance of some Commissar or Gauleiter.

As one of those people who, in the United States, are courteously designated "Senior Citizens", and not pejoratively as merely "Old Folks", may I for one say how glad I am that Medical Students at least have not allowed themselves to become embroiled in unseemly scuffles with the police and all that kind of indignity. They, it is to be assumed, feel the necessity of getting on with their studies so as to be of some value in the world and not merely "disruptive elements" in a universe struggling upwards, both economically and culturally, towards the light.

No one can claim a monopoly of pity for what is taking place in Viet-Nam or Biafra. One can feel sorry even for young Communists in Viet-Nam, butchered in attempts to fulfil the ambitions of power maniacs. However, it is well to keep in mind in the present instance, that the Americans in their struggle against Communism are fighting battles which may devolve later upon us unless settled now. Finally, why do the young men who are so fond of fighting in the streets, not go to fight on one side or the other in Viet-Nam as many of our young men did for their convictions in the Spanish Civil War? Would not American soldiers in Viet-Nam be well entitled to say with Henry V, "and Gentlemen in England, now abed . . . "

Oakfield,
Hay-on-Wye, Hereford.

Yours, etc.,
G. L. DAVIES.

SPORT

RUGBY

U.H. CUP SEMI-FINAL
GUY'S v. THE LONDON

At Richmond, February 25th, 1969

Result: Won 14—3.

By the time that this report is published, the Cup Final will have been played and, it is to be hoped, won as satisfactorily as was this Semi-Final. Guy's were out to avenge their defeat in last year's Cup Final and, remembering the manner of that game, decided to play extremely cautiously. Consequently the early play, indeed the whole first half, was rather tedious rugby. Guy's were indubitably the superior side, but were continually hampered by their own unwillingness to risk making errors. Although this year's side is not as well drilled as before, it is a team with original and inventive attacking ideas and much less dependant on any preconceived plans. This, combined with an improvement in the handling of the backs, was the undoing of the London side.

The game began quietly enough, the two teams testing each other, and in the first fifteen minutes the pack had a difficult time in the line-outs and won no good ball. This improved, and by the interval good ball was coming out of the line-outs, set scrums and the occasional loose ruck. In the latter, the bulkier London forwards were able to hold their own once they arrived. Perhaps a little more urgency and drive from the Guy's forwards would have improved this aspect of their game. After fifteen minutes, Guy's took the lead with a penalty taken by W. Davies, the London replying in like manner a few minutes later through the agency of their full-back, Goulding. This inspired the London and for fifteen minutes they pressed hard, aided by some half-hearted play by Guy's, but hindered by their own inability to set in motion any really constructive movements. Soon Guy's were again attacking, and a forty yard run by Ross took them into the London 25. Hey's charge was stopped when he was only two yards from the London line. Five relatively simple penalty attempts were then missed in quick succession, which led to a sinking of hearts among the miserably small band of Guy's supporters. It was notable that all these penalties were given against the London open-side wing forward for playing off-side a ploy that had upset our half-backs until the referee curbed his enthusiasm.

After a short excursion into the Guy's 25 early in the second half by the London, the game was jerked into life when Ross scored a try for Guy's. W. Davies had fielded the ball on the half-way line and put in a long, high kick towards the London posts. The London full-back misjudged his clearance and the ball went into the grateful arms of Ross, who barged his way through the London defence for twenty yards to score in the corner. W. Davies magnificently converted.

This put the game in a new light, and things were going well for Guy's when, after another fifteen minutes, they scored again. This was a real Captain's effort. John Davies passed the ball to the centres after some loose midfield play, and the ball went quickly out to Ross on the wing. He was stopped on the London 25, but not before he had got away a pass to the forwards who were backing up. Blackwood then ran to within five yards of the line and, when held, passed inside, overhead to John Davies, who grabbed the ball and charged joyfully over the line.

The rest of the match was a mixed bag of changing fortunes. The London backs made great inroads into the Guy's half and, on a couple of occasions, were only stopped just short of the line. The mainspring of the London attack was Arthurs, who was most elusive. However, the Guy's defence was good enough to prevent their scoring, and Davies finished off the scoring by kicking a penalty for Guy's just before full time.

Team: W. Davis, J. Ross, J. Price, D. Smith, J. Shutes, D. Elliott, D. Merrett, J. Davies, G. Hey, S. Challacombe, J. Stoneham, M. Cockburn, R. Blackwood, C. Neville, P. Williams.

ASSOCIATION FOOTBALL

GUY'S v. CHELSEA COLLEGE
UNIVERSITY LEAGUE

Saturday, 1st March. At Home.

Result: Won 5—0.

After a depressing series of results recently, four defeats and a draw, Guy's were hoping to return to the winning trail against the University Cup semi-finalists, Chelsea College. In the away League fixture earlier this season, Guy's had been leading 3—1, but eventually conceded the game 4—3. The injury crisis was still affecting the Hospital team, the latest casualty being Ian Nash who was thus unavailable, and in a bid to produce some defensive solidarity Phil Evans was included at full back.

With the H.O.P. pitch looking in a welcome good condition, Guy's quickly mounted the offensive and several chances were made in the opening minutes. Chelsea showed they were capable of mounting quick counter attacks and only a fine save by Guy's U.H. goalkeeper kept the score line clear. Guy's opened the scoring when a corner was headed down to Lindridge who popped the ball home from close range. Prompted by the ubiquitous McClure, the Hospital began to take a grip on the game and five minutes before half-time Drage headed on a free kick to Baker who made no mistake in making the score 2—0.

The second half saw Guy's take complete control with the consequent scoring of two goals by Baker. The home defence was at last looking secure, with good covering being evident, in contrast to the recent games. An excellent chance to increase the score was wasted when the regular penalty-taker, the author of this report fired a penalty against the bar and the ball was cleared. In the closing minutes Colin Baker rounded off a fine performance with an excellent opportunist goal, making his haul in this match four.

A 5—0 victory was a fine result and also Guy's best team performance since before Christmas. The defence looked solid enough, and the sight of a Guy's attack both making and taking goal chances was indeed a welcome one!

Team: J. Wood, P. Evans, J. Edwards, S. Poole, R. Davey, R. Lovell, D. Jacobs, I. McClure, C. Baker, S Drage, D. Lindridge.

R.L.

HOCKEY

Won 3—1.

In authentic Brass Monkey conditions, Guy's took to the rink with an agreement between the captains that balls should not be lifted above knee height. This was far more easily done than was maintaining one's balance. Quick turning was impossible, and this meant that passes had to be accurate or they were off the edge of the field. A quick score by the opposition stirred the Guy's team into action. It soon became obvious that any shot at goal was very dangerous because of the slowness with which the goalkeepers could move—due to the ice I hasten to add.

Guy's were soon attacking hard, and shortly after a disallowed goal, Crafts converted a penalty corner with a canon ball shot which took the paint off the far post. Just before half-time, Crafts was again called up to score again.

Guy's continued to attack in the second half, and Dodd on the left wing got his first pass—it went into touch. A good interception by Burns, who put Bundred away on the wing, started the move which led to the last goal. Bundred beat two men and put across a beautiful centre which Clark converted well.

Despite two more short corners, Guy's could not score again, thank goodness—a hat trick from a full back does not bear thinking about!

It was good to see one of our Vice-Presidents in the form (and what a form) of Ken Lockhead—he gave plenty of support and I suspect a little advice to our young centre-half, whose courting activities have become more frequent of late!.

Team: R. Clark; M. Vellacott, D. Crofts; A. Bell, C. Pearson, R. Kendrick (captain); P. Bundred, R. Burns, R. Clark, S. Cripps, N. Dodd.

S.N.C.

BOXING

GUY'S & LONDON UNIVERSITY v. SANDHURST MILITARY

On February 19th, Guy's and London University Boxing Clubs travelled to Camberley to box a strong Sandhurst team, and came away rather unlucky losers. The Hospital now have quite a useful squad of boxers, who are continuing to improve.

The show began in front of a large appreciative audience with Terry Reynolds for Guy's, who showed very encouraging form; it seemed that he was going to have an easy evening, but his opponent managed to hang on and survive the first round. Yet disaster was in store for the Officer Cadet, and the referee was forced to stop the contest after Reynolds had all but knocked a plucky opponent out.

The next bout featured our well-known skipper, Sam Marsh; again he was forced to give away a vast amount of weight, and it was this which caused his downfall. In the first round he boxed well below his usual form, but continued to improve as the contest progressed, but this was not quite enough to swing the verdict his way.

The finale for Guy's was a most impressive points victory for young Peter Murdoch, having his first bout for the club. He boxed very intelligently, using the whole of the ring to good advantage, returning without a mark upon him.

The fourth of our boxers, R. C. Croft, was a little optimistic on the scales, and proved to be heavy for his opponent, before even entering the ring.

The final result of a hard-fought tournament was: Sandhurst 6, Guy's and London University 3.

Finally, if any member of the Hospital would like to join us in training on a Tuesday or a Friday evening at 5.0 p.m., they are very welcome.

R.C.C.

GUY'S v. LONDON UNIVERSITY v. LYNN v. OXFORD AND BERMONDSEY BOXING CLUBS

On the evening of Wednesday, March 5th, Guy's boxers combined with members of Belsize, London University, Lynn and Oxford and Bermondsey Boxing Clubs to give a display of boxing in the Pavy Gymn. Those present, and there were remarkably few supporters from Guy's, were treated to an entertaining evening of novice boxing. The two Guy's boxers called upon to fight both acquitted themselves most creditably. In the second bout of the evening Terry Reynolds, in only his third bout, showed himself to be a calm fighter of considerable promise in disposing of his opponent inside the first round. There was never any doubt as to Reynold's superiority and there is little doubt that his authority will increase with experience. We next saw Terry Gibson taken to three rounds against his tall London University opponent, who boxed in a most colourful pair of bermuda shorts. His boxing was, however, less impressive and Gibson won a unanimous verdict. Gibson's superior experience told and despite his opponents greater reach, he was rarely in any trouble.

Though Carter Croft was unable to box because of 'flu and Sam Marsh was unable to find a sufficiently brave opponent we saw enough of Guy's boxing to realise that there is considerable talent available to the Hospital Club. A little more publicity and a lot more support would ensure the survival and success of this ancient Club.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Senior Registrar** in the Radiotherapy Department with duties to commence on 1st May, 1969 and appointment until 30th September, 1969 in the first instance. Applicants should hold the D.M.R.(T). A higher medical or surgical qualification would be an advantage. Forms of application are obtainable from the Superintendent, Guy's Hospital and should be returned not later than **25th March, 1969.**

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Registrar** in Dermatology with duties to commence 19th May, 1969, or as soon as possible thereafter and appointment until 30th September, 1969. Applicants should hold the Membership of one of the Royal Colleges. Forms of application are obtainable from the Superintendent and should be returned not later than **24th March, 1969.**

GUY'S HOSPITAL S.E.1.

Research Assistant (Lecturer status) required as soon as possible in the Beast Clinic, Dept. of Surgery: duties include clinical work. Applicants with F.R.C.S. or Primary F.R.C.S. preferred. Intial appointment for one year. Apply with curriculm vitae to the Dean, Guy's Hospital Medical School.

GUY'S HOSPITAL

Applications are invited for the appointment of **Registrar** in the Dental Casualty and Oral Surgery Department with attendance on three sessions per week and duties commencing 26th May 1969. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Monday, 31st March, 1969.**

AMERICAN HOSPITAL
NEUILLY-SUR-SEINE

Single, male Medical Graduates with one or more years of internship should, if interested, write to the Executive Governor, American Hospital, 63, Bld. Victor-Hugo, 92, Neuilly-sur-Seine, for information as to future vacancies on its House Staff.

PRIZE

The Henry Levitt Memorial Prize, 1968 awarded to:

C. G. H. West

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

A. G. Boohene
T. F. W. Dilke
Cynthia M. Gabriel
T. J. Gibson
P. S. E. G. Harland
Janet E. Husband
G. D. Nicholson
R. W. Penny
R. U. Robinson
D G. Siggers

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Fellowship

J. Brewer (ad eundem) P. J. Dwyer

Membership

M. V. Bright
D. A. Rees
J. B. Moir Shepherd

EXAMINING BOARD IN ENGLAND

D.A.
J. C. G. Carmichael

D.C.H.
Angela M. Birch

FINAL L.R.C.P., M.R.C.S.

Pathology

P. E. Bundred
T. E. C. Bushell
Christine B. Cocks
R. J. Chiswell
R. P. H. Dunnill
Anne R. Goodhart
N. K. Griffin
P. Hall
B. Hayhow
R. C. Illing
S. L. McAuliffe
P. E. Nicholls
F. O. Nwator
D. F. A. Richards
Carole E. Ross
*R. S. Settatree
Anne M. Skelton
Christina J. Spurlock
N. J. S. Voss

Medicine

*F. M. C. Carter
*N. P. W. Coe
*G. A. Corbett
G. M. Cochrane
*J. C. Cutting
*R. R. Dyke
*W. H. Franklin
A. J. French
*P. J. Gravett
*I. T. Grimble
*P. Hall
*D. G. Healey
R. C. Illing
*D. J. Jolley
*J. B. L. Kabuibi
*J. B. Kelynack
*T. T. Khonge
*R. N. Lee
*D. J. Lipscomb
*T. P. McCarthy
*D. Ogilvie
*W. J. Owen
*J. G. Proud
*R. C. Quinell
*R. S. Settatree
*D. F. Shelley

Surgery

J. N. B. Allen
*D. A. G. Barford
*D. F. Brown
*Julia A. Brydone
*D. J. M. Choat
*R. E. Cowan
*P. J. Davenport
*W. H. Franklin
*Judith R. Harlock
*D. G. Healey
*T. R. G. Howard
*E. G. Humphrey
*R. N. Lee
*T. M. Lynch
*R. J. Machell
*N. B. M. Pereira
*A. M. Seal
P. A. Sims
J. R. Stoneham
*G. W. H. Stygell
L. J. Turner
*I. E. C. Wilkinson
*J. Woodland
*P. J. Whorwell

Midwifery

A. C. Bashford
N. P. C. Cavenagh
R. D. Chiswell
N. P. Clarence
M. N. Clark
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N. K. Griffin
B. Hayhow
J. F. Hill
N. J. Lattimer
S. L. McAuliffe
P. E. Nicholls
*N. B. M. Pereira
R. R. Z. Prudo-Chlebosz
Carole E. Ross
R. D. Scholefield
*R. S. Settatree
Anne M. Skelton
Christina J. Spurlock
K. R. Stewart
C. D. C. Tomlins
*I. E. C. Wilkinson

*Have completed the examination

PERSONAL

WANTED—2/3 tenants to share house in Orpington with Guy's doctor and wife. £3 15s. 0d. per week basic, each. Ideally situated for London and country. Apply Dr. Gibbs. Tel: MM 23594 or HOP 7600.

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CHANGE OF ADDRESS

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Dr. and Mrs. J. D. Carroll, Chiltern Cottage, 150, Epsom Road, Merrow, Guildford, Surrey. Tel: Guildford 73725.

J. K. Donald, Esq., Roscarrick, 63 Lakewood Road, Chandlers Ford, Eastleigh, Hants.

D. A. Graham, "Barcombe", 47 Copthorne Road, Croxley Green, Herts. Tel: Rickmansworth 75293.

Dr. T. J. Huins, Oaktrees, Warborough, Oxford, OX9 8DH.

Mr. and Mrs. Stephen Humphreys, 135, Green Dagon Lane, Winchmore Hill, London, N.21. Telephone: 01-360 7464.

Mrs. R. L. Jowett, 5 Derby Road, Heaton Moor, Stockport, Cheshire.

Dr. and Mrs. P. K. Peace, 57 Farnham Road, Guildford, Surrey.

Dr. E. J. Pye-Smith has moved temporarily to: The Flat, Northgate House, Honley, Huddersfield. Tel: 61898. From July 1st, High Burton Cottage, Masham, Ripon, Yorks. Tel: Masham 284.

BIRTH

HALL—On 24th February, 1969 to Diana (née Brunning) and The Reverend George Hall, a daughter, Catherine Clare Rumney, sister for Jeremy.

MARRIAGE

PEACE—KNIGHT—Dr. Peter Peace to Miss Jane Knight on February 15th, 1969 at St. Nicholas' Church, Sevenoaks.

DEATH

GREAVES—Harold Greaves, L.D.S., R.C.S. Eng., The Bungalow, Beech Close, Dunsley, Kinver Worcs., on February 7th aged 82. Father of Howard, Joan and Betty.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2105

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Bostock House

As intermittent dialysis grew up at Guy's it spread from the treatment room on Sarah Ward to a larger establishment behind Back Surgery. The Unit has now moved into permanent quarters in a temporary building, one storey high, nestling between New Guy's House and the rising walls of the Tower (pace, Miss Taylor, *et al.*, but there is no other name at present) Block.

The building, named after Bright's technician, contains one large ward with eleven beds, a side ward and a treatment room in the patients' half, a pump room, a "clean" workshop, a further workshop, offices and rest room for the staff.

Patients on dialysis fall into three categories, those awaiting transplant, those needing long-term hospital dialysis, and those in training for home dialysis. The patients in the first two groups are usually dialysed over two nights each week, while those being trained for home dialysis come in during two days each week. This means that the building is being used 24 hours each day from Monday to Friday.

Because of the rapid progress in renal transplantation and in home dialysis techniques, Bostock House is now regarded as being a way station, maintaining potential transplantees and training patients for home dialysis. The atmosphere in the unit is, to say the least, bouyant. There is an enormous spirit of independence among the patients that is encouraged by the staff. The atmosphere is more of a club room than a ward, which is evidence of the change in outlook for these predominantly young patients compared with that of relatively few years ago.

Student Club Election

In the true spirit of democratisation that now pervades student politics, the student president of the Students' Club is now elected by ballot amongst all the students. The results of the first ballot were announced at the A.G.M. of the Club held recently. Some 400 students

had voted, which gives a much fairer assessment of student opinion than the old system of a show of hands at the A.G.M., attended by never more than one hundred students. The decision went, narrowly, to Mr. K. Stewart.

Also at the A.G.M., Mr. R. G. Beard was re-elected to be President of the Club, Mr. S. A. R. Cooke to be Senior Secretary, and Professor R. D. Emslie to be Senior Treasurer. Other student posts were appointed thus : Mr. B. Dick to be Secretary and Mr. R. Tudor-Williams to be Treasurer.

B.M.S.A. Conference on the Todd Report

Disappointed by the response of students to their questionnaire (a 24 per cent response), the B.M.S.A. picked itself up, dusted itself down and took itself to the Wellcome Building to hold a conference on the Report of the Royal Commission on Medical Education. From the conference has now emerged a very smart, if rather equivocal, report which, they hope, will "be of interest to those who are trying to educate us in Medicine".

It will certainly be that. Though no startling conclusions were arrived at, and the "statistical analysis" of the results of the survey tended to add trees to an already obscured wood, the comments of the students and their qualified guests in the discussions, cast light on many of the problems that the Commission has raised.

The main strength of the meeting was that, despite a distinct London top-heaviness, the views of students at other Medical Schools, Schools already implementing several of the Commission's proposals, were heard. Thus, the St. Andrew's representatives could comment on their Medical Sciences degree, Professor Smart, from Newcastle, spoke about his experience with Group teaching and the Aberdeen representative was able to discuss a form of curriculum different in its concept from the traditional one.

The Conference covered several aspects of the Report, including the Two-Tier system, Aspects of Teaching (including examinations), and the Post-graduate course. The majority of those at the Conference came out in favour of most of the Commission's recommendations. They recognised that there was an obligation on students to take responsibility upon themselves, in Staff-Student discussions, for encouraging the adoption of the changes necessary to implement the recommendations.

Guy's was well represented at the Conference by both Students and Staff. This latter team consisted of Dr. Wells, Mr. Lunn, Dr. Mackeith and Dr. Anderson, all of whom are well known for their interest in student education. Their presence not only lent authority to the discussions but augers well for the future of education at this School.

Music Club Firsts

It was a pleasing coincidence that, not long before a work composed by a Guy's student was given its first performance by the Music Club, the score of the only other work to have received its

first performance at Guy's was found after a period of some fifty-five years.

It was in 1914 that Vaughan Williams's "Five Mystical Songs" was given at Guy's, since which time it has been lost. It was recently discovered in a brown paper parcel at the North-East Essex Technical College, Colchester (sigh of relief from the Music Club Librarian), and has since been performed by the Colchester Choral Society.

These two "firsts" for the Music Club, though separated by over half a century, are evidence of the sustained high quality that the club achieves, and the latest "first" is evidence that these standards will be maintained for a long time to come.

A review of the recent recital by the Club appears on page 173. Sufficient to state here how enjoyable (by amateur or professional standards) was the evening, and to wish John Hawkins as much success as his predecessor is now justly, though belatedly, achieving; and to advise him to hang on to his score.

Radio Guy's

Without any of the fuss attendant upon the launching of other "local radio" stations, Guy's Radio is now in full swing (sic) serving the patients of the Hospital. The service operates on Monday and Thursday evenings from 7.45 to 9.30, playing a selection of light music, patient requests, and information on the voluntary services available to the patients.

Radio Guy's is part of the Hospital's Voluntary Service System Scheme and is produced by members of the Lambeth Tape Recording Club. The club supply the music and the D.J's. (or, as the circular puts it, "Programme announcers"). Their "Broadcasts" are heard on the patients' normal headphones on the Radio Two circuit.

Forms for requests are available to patients and their visitors and it is hoped that the service will be more and more used as information about it spreads and as the recording library expands.

Coffee

Take-in Students gasping from thirst, flirtatious students searching for fresh excuses for late-night assignations, Housemen flagging for lack of caffeine—no more Nescafe on the wards. Not to mention the Nurses or the patients now bound to drink a much-despised version of *real* coffee. A rather severe touch of *real* economics.

GUY'S DIARY

MARCH
31 M. 1.00 Clinical Lecture. Dr. BAKER.
"Medicines for the Heart."
APRIL
10 Th. 1.00 Clinical Lecture. Mr. LAWRIE.
"Malignant Melanoma."
11 F. 1.00 Clinical Lecture. Mr. COOK.
Exhibitions in the Gordon Museum :
April : Incisions.
Tracheostomy.
Pathology Quiz No. 6.

GUY'S TOWER

by

A. H. Burfoot

In January 1968 the Board of Governors of Guy's Hospital were authorised by the Ministry of Health to enter into a contract for Stage One of the Tower scheme. This included the new boilerhouse upon which the continued working of the hospital depends, and foundations, superstructure and cladding of the Tower itself, leaving the date of completion of the building as a whole to be decided later.

In the Autumn of 1968, Lord Robens, the Chairman, had further discussions with the Minister upon the urgent need for the facilities which the Tower provides and the economy of completing the whole scheme in one operation. It was with the greatest satisfaction that the Board heard from Lord Robens on 7th October, 1968, that the Minister had authorised them to enter into a contract for Stage Two of the Tower scheme permitting the construction of the two stages to proceed concurrently. The contract completion date is May 1973, and after testing and balancing of air-conditioning and other engineering services, the first departments should move in towards the end of that year.

An Opportunity Grasped

The main contractor, Y. J. Lovell (London) Limited, was appointed just over a year ago and before work could start on the foundations all existing buildings on the site had to be demolished. The foundations are now complete and as the columns and walls rise out of the ground it is right to recall the fire raid in London on 29th December, 1940, which burnt out the majority of the warehouses, hop showrooms and cottages covering the area now occupied by New Guy's House and the Tower site itself. Their destruction brought financial difficulty to the hospital which depended largely upon rents from properties such as these to meet its day-to-day running cost. But it also provided a great opportunity which Mr. Humphrey, the Treasurer, and Mr. Lees Read, Clerk to the Governors at the time, both saw and seized. Negotiations were opened to buy land not already owned by the hospital on the site where the Tower is being constructed and as far east as Weston Street, so that when war ended, nearly all the site was in the hospital's possession. The introduction of the Health Service in 1948 brought delay but in the early 1950's planning began for the first phase of the rebuilding of Guy's Hospital. The construction of New Guy's House started in 1957 and with it the first stage in the centralisation of facilities for the care and treatment of

patients on the new site was begun. Planning the next stage had already started in 1961 when New Guy's House was completed and there were then six or seven main needs which had to be met.

The Occupants—Dental School

First, was the urgent necessity to build new accommodation for the Dental Hospital and School, itself a vast Out-patient Department, handling more than 150,000 patient attendances a year and training upwards of 400 students at any one time in accommodation, the first portion of which was built in 1888. The total floor area of the present conglomerate of buildings is little more than 35,000 square feet and the area which is now considered necessary for the work of this vast department is approximately 120,000 square feet.

Clinical Pathology

The Department of Clinical Pathology raised another acute problem. At present situated in Medical School accommodation which is urgently required for Medical School expansion it is far away from the wards and Out-patient Department. The 5,000 square feet it occupies is totally insufficient to allow this department to develop as it should. In the Tower it will have an area of nearly 32,000 square feet which will help it to meet the ever-increasing needs for laboratory investigations.

Paediatrics

The Evelina Hospital will be 100 years old this summer and its facilities are by now sadly out-dated. Caleb and Diplock Wards are also housed in a building which is more than 110 years old. In 1960 the Spastics Society agreed to contribute towards the cost of providing new wards for the treatment of children at Guy's itself and also the provision of new research laboratories for the Paediatric Research Unit now accommodated in Cameron House. By meeting these needs in the Tower building, laboratories and wards will be closely associated in the most up-to-date units.

Obstetrics

The need for an Obstetric Professorial Unit has existed for some time and this, coupled with the age of Victoria Ward and a re-assessment of the demand for maternity beds in the area, led to the inclusion of 99 obstetric beds in the Tower. In addition, a new Ante-natal Clinic will replace the existing accommodation in Salomon's Centre.

Diagnostic Radiology

The diagnostic X-ray Department has grown piecemeal over the years on the ground floor of Hunt's House. Surgical patients are involved in a long and difficult journey along the tunnel system. Good hospital planning places the X-ray Department, together with the other reference department—Clinical Pathology—as close as possible to the physical centre of the complex of buildings in which patients are treated so that travelling distance for both patients and staff using these facilities is reduced to the minimum. These two departments will, therefore, be situated within the lower floors of the Tower. A small number of X-ray rooms will still be retained in Hunt's House

for medical patients when the new department is opened to avoid a long and difficult journey from Hunt's House, until such time as the medical wards are replaced in a subsequent phase of the hospital's development on the site adjacent to the Tower.

Theatres and Intensive Care Wards

Increasingly complicated theatre work makes it clear that more theatre accommodation is needed for the surgical wards, and that special facilities must be provided for reception of patients and post-operative recovery as well as for the admission of emergencies at night. Purpose-built facilities must be provided for the intensive care of surgical patients and a new ward adjacent to the new theatres will replace the present intensive care ward in New Guy's House.

Research

The Governors have, over the years, contributed considerable sums from the Endowment Fund to the maintenance of medical research at Guy's and some 26,000 square feet of research laboratories will be provided in the Tower. In helping to achieve this the Board is making a substantial contribution from the Endowment Fund towards the overall cost of the building as well as providing the site without charge to the Exchequer.

The Boiler House

Finally there has been the over-riding requirement that the hospital's present boiler plant be replaced by the end of 1970, after which date no guarantee could be given by the Board's engineering advisers that it could continue in operation. The new boilerhouse is sited at the base of the new building with boiler flues running up within it to the top.

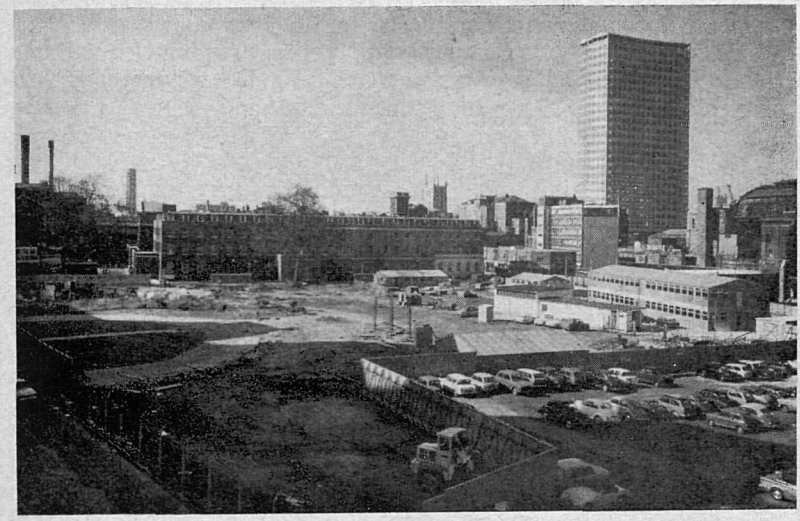
The Form of the Building

To house these various departments within the same structural envelope presented considerable problems in determining the shape and size of the building. The form of development was discussed by the Governors with the Planning Authority, then the London County Council, and it became obvious that the only way in which the desired site coverage could be obtained was by building vertically in the form of a tower.

First thoughts had been for a simple rectangular building, but the London County Council's Architect pointed out the aesthetic and planning advantage of dividing the building into what is, in effect, two towers linked on every floor, one tower having a floor area approximately half the size of the other. The smaller one provides space for lifts, major service ducts and boiler flues as well as some working area, while the larger part is generally for working space. The three over-riding reasons which led to vertical development are :—

(1) The restricted area of the cleared site next to the old hospital amounting to $7\frac{1}{2}$ acres.
(2) The extent of accommodation that is necessary to meet the hospital's needs.
(3) The limitations imposed by the planning regulations on site density, angles of light and road widening proposals.

Agreement having been reached on the form of development, a planning organisation based upon our experience in planning New Guy's House and Guy's House was set up with a time-table based on having the new boilerhouse commissioned and the boilers ready for firing by the end of 1970.



The site cleared—March, 1968.
A view of the site from the east. New Guys House is to the left, and the East Wing marks the far side of the site.

Planning

The achievement of this date became the over-riding requirement for the planning team working under the overall direction of the Governors' Building Committee under the chairmanship of Mr. A. E. Orchard-Lisle, Vice-Chairman of the Board. For each of the departments a planning committee was set up composed of medical, dental and nursing staff, supported by Dr. P. J. Helliwell, who at that time was Medical Planning Officer, Mr. P. H. J. Le Fleming—Assistant Clerk to the Governors, Mr. J. D. Hague—Assistant Secretary, and others. These committees worked in close collaboration with the hospital's professional advisers, namely the Architect, Services Engineer, Structural Engineer and Quantity Surveyor. Very considerable help and advice was received from a number of officers of the former Ministry of Health, including Doctors, Architects, Engineers, and Quantity Surveyors, as well as administrators. Great assistance and co-operation was also provided by both the Greater London Council and the London Borough of Southwark as planning authorities.

Over a period of some $2\frac{1}{2}$ to 3 years, barely an evening went by without one of the planning committees meeting and each week the Project Team, chaired by Dr. Helliwell, and attended by the hospital's professional advisers, nurse planner and administrative staff would meet to thrash out general matters affecting the building as a whole

and to deal with any points raised by the planning committees. Although this method of planning was time consuming it has enabled the future users, with the expert advice of the professional advisers, to formulate the detailed layouts of the various departments based upon the most up-to-date planning information.

The Lift System

One of the first items considered by the Project Team was the provision of lifts for both passengers and goods. A high rise building such as the Tower depends upon an efficient lift service. Surveys were therefore carried out to determine expected passenger usage, peak demand and the movement of goods. In addition to the work done by our own consulting Mechanical and Electrical Engineers, expert advice was obtained from America on the number of lifts required to meet the estimated traffic, particularly in relation to the Dental Hospital and School occupying the top floors of the building. Altogether there will be five passenger lifts with a speed of 700 feet a minute serving the Dental Hospital and School, and five passenger lifts at a speed of 500 feet a minute serving the lower floors. This number of lifts allows for a lift in each block to be under maintenance at any one time while still meeting a demand well in excess of the currently estimated maximum use. Goods traffic will be separated into "clean" and "dirty" and a goods lift is being installed in the Tower for the delivery of goods to New Guy's House. Wards and other departments there will be supplied by way of the link between the communications tower and New Guy's House itself. This will overcome the present problem which necessitates using passenger lifts for this purpose.

Room Relationships

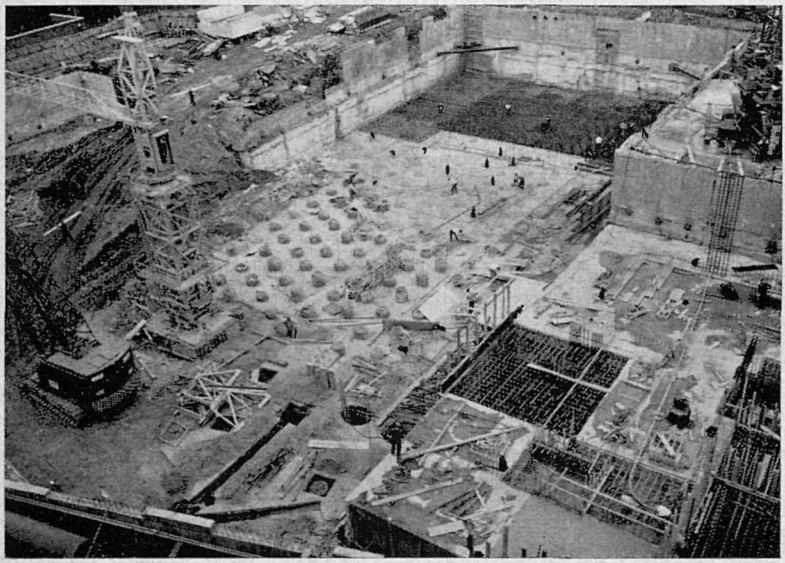
The first plans seen by the committees were "bubble" diagrams showing relationships of rooms. After much work and discussion these have been developed into a complete set of detailed plans for the whole building. It is to the credit of those concerned with the planning that the various target dates for approving plans have been achieved and this meant many hours of meetings extending well into the evenings. The speed at which planning has progressed would not have been possible without the utmost co-operation of all concerned—doctors, dentists, nurses and others—and most happy relationships have been built up with the planning committees.

Timing and Tenders

While the planning was proceeding negotiations were taking place with the Ministry of Health on the actual timing of construction and these culminated in a meeting between the Minister and his advisers on the one hand and the Chairman, Lord Robens, Mr. Orchard-Lisle and myself on the other. It was with much relief and a great deal of satisfaction that the Minister authorised the Board in June 1967 to invite tenders for this work and a great debt of gratitude is due to Lord Robens and Mr. Orchard-Lisle for all they did to achieve this outcome. Their efforts were crowned when tenders were opened on a somewhat tense occasion at the Board Meeting in

December 1967, and subsequently the Ministry authorised the Board to enter into a contract for Stage One of the scheme.

The successful tenderer, Y. J. Lovell (London) Limited, constructed New Guy's House and also completed the restoration of Guy's House. On both these schemes a satisfactory working relationship has been established between the hospital, its professional advisers and the contractor, and the Tower should benefit from these previous associations.



The Foundations—October, 1968.
The tops of the piles can be seen sticking through the concrete floor. On the right is part of the 10 foot deep concrete raft.

The Work begins

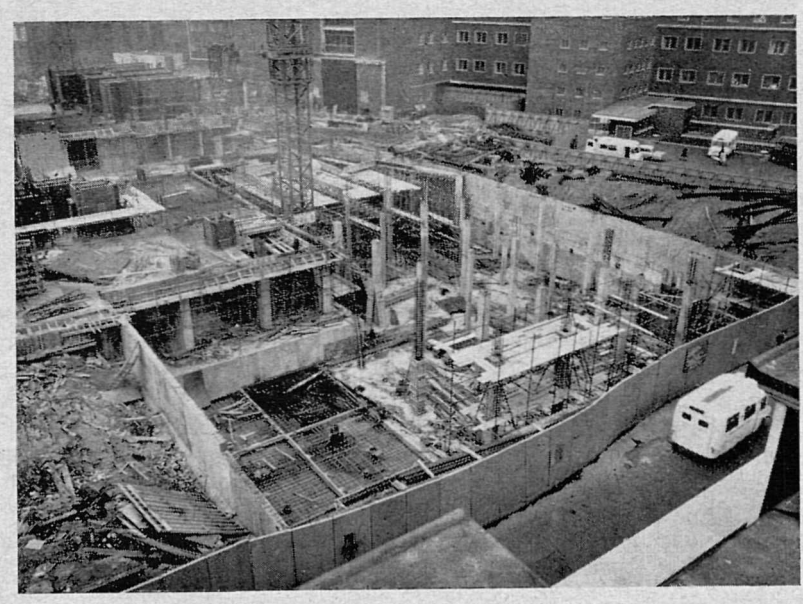
Work on site began on 1st April, 1968, and Mr. Orchard-Lisle cut the first sod on the building site. Since then the former public car park has completely disappeared as the contractor began excavation and the construction of a wall to some 40 to 50 feet below ground level around the perimeter of the building area. This wall, which extends into the London clay, has proved extremely effective in keeping out underground water. The dry site enabled the contractor to construct the foundations with greater ease than would otherwise have been the case. Because of the soil conditions and the height of the building the Tower will stand on some 600 piles which have been sunk to a depth of 80 feet below ground level and at the time of writing the walls and columns to the second and third floors are being constructed and the shape of the building is becoming clear.

Programming and Costing

Programming and cost control on a complex scheme such as the Tower demand the most sophisticated techniques to provide up-to-

date and relevant information to those responsible for controlling these aspects of the scheme. At the suggestion of the Ministry of Health the hospital engaged a firm of management consultants, Booz-Allen and Hamilton Internationaal N.V., to provide a master programming service designed to tie together the contractor's programme with the professional advisers' own programmes for production of information and a cost control system which would show at any time the financial state of the scheme. This is vital with the type of contract entered into where the final cost of each element is agreed with the main contractor as the scheme proceeds.

Network analysis techniques have been used in programming work with computer aid. Printouts from the computer are handed every four weeks to the main contractor, professional advisers and hospital, showing those items of work on which they should be concentrating. A report on the cost and progress of the scheme is presented to a meeting every four weeks, presided over by the Assistant Clerk and attended by the contractor at senior management level, senior members of our firms of professional advisers and other members of the hospital's planning team, who discuss policy matters relating to the scheme. To have the contractor represented at such meetings is an innovation but his presence has proved most useful in shortening lines of communication and does not seem to have inhibited discussion.



The Building rises—February, 1969.
A view from the East Wing towards New Guys' House.

Since last May the firm of management consultants has been responsible for running the cost and time control systems but this is

now being taken over by the hospital. Training of hospital staff has been an important part of the management consultant's work and the increased experience of the planning team in running cost and time control systems should prove useful in future stages of the hospital's redevelopment.

During the past year while the foundations of the Tower have been laid, our consulting Mechanical and Electrical Engineers, together with members of the planning committees, Mr. D. F. Gray—Group Engineer, and others, have been finalising the services design. Tenders were received in January this year and last month the Board were authorised to appoint sub-contractors for the services installations. The successful tenderers were :—

Electrical Installations Limited—for electrical and associated services.

G. N. Haden and Sons Limited—for piped services and plumbing, and boiler plant, heating and air-conditioning.

Together with the main contractor, our professional advisers and hospital, these firms are preparing their programmes of work which will eventually be incorporated in the existing master programme. In the very near future the sub-contractors will be on site and as planned, the fitting out of the building will commence hard on the construction.

Future plans for the Tower . . .

Although it will be 4½ to 5 years before the departments are available for use, the hospital members of the planning team are turning their attention to the equipping and detailed operational policies of the various departments. These will all be worked out with the users with whose co-operation the success of the scheme depends. Because of the length of the contract there is sufficient time to give ample consideration to these aspects of commissioning and a number of trials are being carried out into items of equipment such as dental cubicles, linen trolleys and obstetric beds.

. . . and the Hospital

Completion of the Tower will mark a major achievement in the rebuilding of Guy's Hospital but already thoughts are turning to succeeding phases. The overall development plan provides for a new Out-patient Department as a podium to the Tower itself, with new medical wards in the north-east corner of the site linked like New Guy's House with the Tower at all common levels. It is not the intention that there should be any further increase in the number of beds on the Guy's site, and new and expanded out-patient facilities should significantly reduce the need for in-patient treatment. Pressure to complete these further stages within the next ten years will undoubtedly grow and there seems little likelihood of a respite for either the Board or its planning staff until such time as Out-patients and Hunt's House with its "centenarian" wards are replaced.

[The photographs are taken from a series recording the building of the Tower Block, taken by C. W. F. Holmes.]

ANALYTICAL PSYCHOTHERAPY

by

Dr. William Kraemer

II. Analytical Psychotherapy in Action

I should now like to speak of a first analytical consultation and the beginning of a typical analytical situation, in order to describe the emerging pattern of the process. It contains almost verbatim quotations or very close paraphrasings.

The patient was a man in his mid-thirties, a minister of religion, married with two children. He had been referred because he suffered from migraine, anxiety, claustro- and agarophobic attacks. His G.P. in his introductory note spoke of the patient's life-long concern with helping people and his aptitude for and interest in psychotherapy. He had read Jung, Fromm, Horny and others and used certain "psychological" terms when he told me his story. Thus he spoke fluently about his Oedipal situation, his sibling envy and oral needs. I questioned him as to why he had decided to have analysis at this juncture, and why he had chosen this particular analyst. His answer was that he had felt increasingly isolated during the last few years, and that he felt he needed some more systematic help than was freely or easily obtainable. The reason why he had come to me, however, was that I was a Jungian and would not therefore dwell unnecessarily on sexual events of the past but instead would be able to take much of this as read, and proceed to the discovery of his deeper spiritual and psychic events which belonged to the realm of the Collective Unconscious.

As so often my past had caught up with me, and I took a deep breath to explain that analysis was concerned with his feelings and *everything* that was going on in the sessions which we were now planning together. I gave him definite terms of reference with regard to *his* task in our work which I described as one of expression of events in this room while he was with me. To this Mr. A. reacted by voicing his disapproval of egocentric people, adding somewhat belligerently that he was sure I shared his disapproval as he had always understood Jungians to be Christians. As I did not want to confuse him further and play havoc with his very natural defences, I drew in my horns and confined myself to the apparently innocuous remark that he might have to go through a stage of egocentricity, for instance, in order to deal with his sibling envy which he had lightly mentioned before. He appeared satisfied for the moment but then enquired a little hesitantly what I had meant by expressing his feelings. What kind of feelings? As he had not homosexual tendencies whatsoever—"I think I was almost the only boy in my house at school who wasn't so inclined at the time"—how could he have feelings towards me? He was sure, he said, that I couldn't have meant these kinds of feelings, so what *had* I meant? I suggested that he was anxious about

all sorts of feelings which he might have or suspect of having, and that we could allow them to appear and express themselves in time. Well, he said, that was the other point he had wanted to question me about : *how* was he to express his feelings? He looked worried for a moment, but then his face lit up and he almost shouted the word "dreams". "Of course, you mean dreams. Dreams are the expression of feelings, and that is what you meant. Good. I am a prolific dreamer, and I shall bring you my dreams." I nodded assent and added words to the effect that everything, not only dreams, would be helpful. I refrained from interpreting his anxiety any further and from pointing out that he was in fact hoping to use his dreams as a defence against a relationship with me.

The moment had now come when I should give him an opportunity to reconsider the question of analysis. So I asked him whether he would like to think further about analysis with me or anybody else, for I wanted to leave this possibility open, too. He looked a little hurt and said he *had* thought about it, and how soon could I take him. I told him that he would have to wait for a month or two, which idea seemed to fill him with relief rather than distress.

Before coming to a definite decision, however, we had of course to discuss times and terms to our mutual satisfaction. The latter was easily agreed on, but the question of frequency of sessions aroused a great deal of anxiety. Why did I want to see him four times a week, he asked. Surely that was the kind of arrangement which you made only for very bad cases? He certainly was not as ill as that. And anyway, he wouldn't have enough to say to fill four sessions a week. "I just wouldn't dream enough for four sessions," he said. "Can't we do with less?" I explained that he might get anxious or else not sufficiently drawn into the situation, if he saw too little of me, to which he replied that it might also be the other way round and that too frequent visits could make him anxious and introspective. Nor did he think he should become too dependent on me, as I woulld agree, would I not, that the aim of analysis was that of becoming independent. While I was able to agree with him regarding this ultimate aim, I had to disillusion him regarding the intermediate one. In the end we agreed to start with thrice weekly sessions.

Thus Mr. A. had manipulated me into agreeing to a second best course of action, but I may have been justified in allowing this to happen in view of the anxiety which the consultation had aroused in the patient. He had been unprepared for much of it, had on the whole expected something different and was obviously put out by the strength of his own reactions.

It was six weeks before I saw Mr. A. again. He had written to say that he definitely wanted analysis with me, and would I start as soon as convenient. He wrote: "I am afraid I must have sounded very dumb and stupid when I saw you the other day. I had a cold and forgot to *tell you the most important thing*". This, incidentally, he was to continue to do for some considerable time, and I must also confess that I have never to my entire satisfaction discovered which was this most important thing and have rather tended to waver in this respect.

But I shall now go back to our second session and resume my tale.

The patient began by expressing his puzzlement regarding what he assumed to be my attitude towards his aim of becoming more independent and self-reliant. He felt that I paid lip-service to this aim of his but in reality I wouldn't really mind if he became utterly and helplessly dependent on me. This was the kind of thing his mother used to do as long as he could remember, he maintained, and added, "she does not even know that she is still doing it". "As an analyst, however, you of course will always exactly know what you are doing, and therefore you couldn't possibly be like my mother." When I didn't answer he quickly decided to interpret my silence as an expression of agreement until I challenged him and suggested that he did in fact feel that I *was* doing the same thing as his mother had done, whereupon he looked blank and complained of becoming confused.

The profession of confusion was repeated during the next few sessions and served as a defence against analysis. Mr. A. "didn't know what I was driving at", "what analysis was supposed to do", "how he was expected to react". I interpreted his questions as expressions of feelings and sensations which had characterized his relationship to his parents, especially to his mother, who had left him in doubt regarding her expectations of his behaviour towards her. "There is a similarity between your mother's confusing attitude to you and what you feel to be my own insufficiently defined demands," I told him. He waved his arms in an impatient gesture and sighed. This was to become a characteristic and repetitive response to some of my interpretations in our emerging relationship.

One of the patient's defensive actions was the use which he made of his varying posture: in the first four weeks of his work with me he had shown no objection to lying on the couch which I had invited him to do at the start. Now he began to express discomfort and discontent in this respect. He complained that my couch was too soft and made him feel dizzy. He said he couldn't think clearly when he was in a horizontal position. He didn't want to waste time and money by going in for childish pursuits and that he had come to analysis in order to think out his problems. He also felt that I had got the better of him by sitting in a chair while he was lying down. This he had felt when he was ill and his mother had sat at his bedside, and a fat lot of good that had been. In the end he had always had to get up again, get well and go to school, just as the artificial situation during his sessions here could never be maintained and every single time was bound to end in his having to get up, shake himself and face the world outside. His parishioners would be very surprised if they knew he was putting himself in this kind of inferior and dependent position, and after all he had duties towards them and prove his adult manhood. He was often on the point of sitting up and "facing me", as he called it, but only rarely did he in actual fact carry out this "threat" and only once or twice did he persist in the unaccustomed position for more than a few minutes. He would murmur words like "oh, what's the good?" or "have it your own way" before heavily falling back on the couch again, some-

times in defiant silence with a resigned expression on his face, other times like an obedient child who had thought better of it and wanted to be co-operative.

I faithfully interpreted his actions, gestures and words as expressions of resistance against various threats which he felt to exist in the analytical situation. On one hand he dreaded my having him in my power, lulling him into a false security and then possibly attack or destroy him; on the other hand, he feared my lack of real power over him, that I might get both of us into a tangle which would be impossible for me to resolve, and that I might in fact have taken on more than I had catered for. "If I were really to let go there might be an avalanche," he said, "And it would destroy us both."

He was a rather mild man, friendly and good-natured, and for this he quoted his wife in support. He had some vague memories of instances of rage in childhood, but he had long outgrown any such behaviour. The suspicion that quite a lot of rage was still somewhere inside him was indeed an unwelcome and confusing thought.

In order to keep rage and violence firmly under control, the patient tried to convince himself and me that there was really no cause for rage and violence, so that even if it did exist in some latent form, it would not be necessary or even possible to express it. To achieve this I had to be made harmless and unable to provoke him. Either any importance that I might have in the relationship must be denied, or else I must be declared to be a loving and lovable person who could not produce any but good and kindly feelings in the patient. First the former method was tried—"I don't know what all this talk about transference is about", he said in reporting on a TV programme on analysis. "I don't feel anything in particular about you as a father or even a person. To me you are just an expert whose experiences I value and who might help me." As I doubted the truth of this pronouncement, I asked somewhat disconcertingly, "Do you really?" whereupon he attempted the second method and asserted that I was of real and personal value to him. "I don't think anybody less experienced and patient could put up with me", he added. My silence made him uncomfortable. "Perhaps you would call that my transference then", he asked. I pointed out that his query was not what it appeared to be, i.e. concerned with theoretical information, but that it really expressed his *doubt* in my patience and in my absolute reliability. This he denied with such unexpected vehemence that he himself seemed surprised. He said something, but due to my deafness I only understood the first few words which were "Who says I am . . . " "Who says you are what?" I asked. He shot up from the couch and screamed into my face: "not violent . . . Who says I am not violent?"—"Not I", I laughed.

In a single short talk I can but give tokens of the meaning of transference analysis. In any case the relationship is so unique and personal that one is never allowed to say much without running the risk of being false to it, and false to the patient and oneself. Nevertheless, it may be of value to speak of these things once in a while because there is a great deal of confusion on the part of the public and a desire to know what actually does happen in analysis.

Analysis is a procedure which has gripped the imagination of untold millions in the western world and has at the same time remained a mysterious concept to the vast majority of otherwise well informed people.

As the analysis of my patient proceeded, he began to be more daring in his attacks on me. He complained that while he had really come to me in order to learn how to help others more effectively, I had done nothing else than interpret him to himself instead of occasionally discussing analytical viewpoints and theories with him. After all, he said, this *was* one of the reasons why he had come. I cannot pretend that I can all the time be as good an analyst as I should like to be, and regarding this complaint of my patient, I was once or twice tempted to yield and discuss theory instead of analysing him. Satan always has got nice excuses if one wants to do something wrong. "He *really* wants to know", the tempter whispers, "you give him a greater feeling of equality", he says. But I usually went on analysing and interpreting all the same, and did not listen to by own lazy Satan who is just as resistant to analysis as is my patient. They both use the same trick and call it "human kindness", "a little humanity", "relationship instead of technique", and other such fine sounding words of seduction.

Another complaint concerned his symptoms. Even if they had in the course of some months possibly got a little better, they weren't really cured. He knew I hadn't made any promises, but all the same he was at times wondering whether I did him any good at all. In this particular case I thought I knew I had done *some* good, and thus I didn't feel very guilty. He knew this, but indicated that his slight improvement might be quite accidental and nothing to do with analysis. After all he had always had periods in which he felt better than usual. This *did* in fact make *me* wonder just a little—analysts don't always have it all their own way. That is a myth.

At other times Mr. A. complained about his dependence on me. He was angry that I had made him so dependent. "You deliberately did it", he said. The worst of it was that I might die before he could do without me, and also his complaints or anger might contribute to my death. So what was he to do? If he was to be a good patient he would—so I had told him—tell me all he felt. If he felt angry, this might kill me by giving me a coronary thrombosis (of which his father had actually died some years before). What should he do then?

And so we went on and still go on. The patient has given me explicit permission to speak about him. He is not a very remarkable patient though, not any more remarkable than I am as a patient or than most of you are. Only our relationship is quite unique. It is amazing how interesting all my patients, including myself, are to me in spite of all of us having more or less similar problems. The main difference is what anybody does with his problems, or to what degree he can learn to understand himself eventually and lead a fuller life.

I hope you feel that I have kept my promise and spoken to you about analytical psychotherapy. Its purpose is the salvation of our own inner child that alone can give direction and value to our lives and restore to us our true self.

Music Club Recital

Thursday, 13th March, was the occasion of a concert given by the Music Club in the Physiology Theatre-cum-Theatre-cum-Concert Hall that we all know and love, and the termination of whose role as auditorium we shall soon celebrate. Despite the inadequate venue the Society maintained its egregiously high standard, under the perfectionist command of Stephen Coles. More than once have I wondered why Mr. Coles is not ridiculous from behind, and have been forced to conclude that this relates to the impressive intensity that he brings to play.

The programme comprised :—

Sonata for Spring Quarter ..... Handel

Dido and Aeneas, Act III ..... Purcell

Two pieces for Brass Quartet ..... Edric Cundell

Canzone

Prima ..... Gabrielli

Seconda

Partita for Brass ..... John Hawkins

The strings, taken as a whole, were possessed of a commendable degree of efficiency and competence, if lacking in the precision that achieves delicacy—a quality that, whilst not the most important requisite for the performance of Handel, or Purcell for that matter, is nonetheless a prerequisite for an ensemble of chamber proportions that aspires to dignity, that desires its size to express some other quality than humility. It cannot be stressed too much that the Physiology Theatre is scarcely a fair place to pass judgment on any performer; in this case I am inclined to think that the acoustics tended to harshen the bass instruments while mellowing the violins. This gave to the Purcell a degree of body to which one is not accustomed—one missed the fragility which is usually much of the charm of the works of Harry P., but gained a new strength not altogether objectionable. Perhaps this heightened the weakness of the human voice used as a pure musical instrument. The choir *in toto* showed a respectable harmony; of the soloists, Nigel Harridene impressed all by the strong clarity of his voice, which failed only at the extremes of his range, Alison Hill was competent if variable, Rita Lane gave a performance marred only by a certain lack of self-discipline, and Stephen Coles astounded by enunciating his words so clearly that they were immediately comprehensible. Once again we are brought up against the question of whether we are justified in assessing the amateur by the same standards as we employ for the professional. It is my opinion that there is only one criterion by which any performer can be judged—his proximity to perfection, and it is this that one must use as a yardstick, bearing in mind that the difference between amateur and trained paid performer is at most one of degree; no qualitative distinction exists, and to refuse to compare the two insults the amateur, who is often fully justified in his belief that he may one day emulate and even exceed professional standards.

The last item on the programme was a precedent—the first-ever performance of a commissioned work by a Guy's student, John Hawkins. Remembering a traumatic experience in my youth, sitting in the front row underneath a tuba soloist, whose output of saliva was phenomenal, and most of which ended flicked over us, I was impressed by the calm efficiency of the quartette, who performed skilfull yand with co-ordination. The piece itself was pleasing in its simplicity and restraint, surprising in its subtlety, and—if inevitably for something which one felt to be the most important **event** of the evening—slightly anti-climatic. It attained no great heights of eloquence, no great depths of vision, it seemed to some extent a test of capability before passing on to attempt greater things. It was nonetheless pleasant and competent, and a reassurance that Guy's is not the pit of boorishness it so often seems. The only lament is that it was not far better attended.

Damien Downing.

OBITUARY

HAROLD PAXTON BAYLIS

M.R.C.S., L.R.C.P., L.D.S.Eng., V.R.D., R.N.V.R.

The passing of Harold Paxton Baylis at the age of 73 will be regretted by many, ranging from colleagues to patients, who frequently asked after him long after his retirement from practice Entering Guy's in 1914, he was on active service in the Navy during the First War, this association continuing in the Reserve during the late twenties and thirties, to be followed by a full six-year spell rising to the rank of Commander in the Second World War.

He came back to Guy's in 1919 and obtained his dental and medical qualifications in 1924, thereafter holding a variety of appointments in the Dental School, which he discharged with distinction. He set up in practice in Lower Sloane Street in 1924, and by his diligence, tireless industry, and complete dedication to the care of his patients soon acquired a large practice. During these years he indulged in every form of active sport, not excluding learning to fly, and his continuation of these in retirement did much to delay the crippling effect of a painful affliction of the spine : indeed, his resolute cheerfulness in his last few years was a source of inspiration to all who knew him.

He maintained active contact with the practice he founded, which still continues, and it was appropriate and fitting that he accepted an invitation to give a farewell talk and presentation to the retiring Head Technician, who had started in practice with him. As it so turned out, it was to be his farewell also to the scene of his early professional success, and those with him on that occasion, and many others will feel some solace that his final passing, appropriately enough at sea, was painless and sudden. He took pride in his profession, and his naval connection, both of which he served selflessly and faithfully and reflected credit on both.

NOTICES

Music Club Annual Meeting

The A.G.M. was held on Monday, 19th March, at 5.0 p.m. on the Dance Floor of the East Wing. Dr. C. Baker, the President of the club, was in the chair.

Apologies for absence were received, and the minutes of the last A.G.M. were read, and signed, after a minor correction had been made.

The Secretary, Alison Hill, then gave a report of the previous year's activities, which had included a highly successful performance of "The Messiah". A silver collection at this event had raised £51 in aid of the National Society for Mentally Handicapped Children. The report concluded with a summary of steps to be taken in connection with the maintenance of the Music Room.

(1) The Music Room Cards were shortly to be replaced by the new issue.

(2) The record player would be returned to full working condition.

(3) There would be an improvement of facilities for storing privately-owned instruments.

The election of officers follows :—

(a) Dr. Charles Baker was unanimously re-elected President of the club.

(b) The vice-presidents: Mr. Blaikley, Dr. Grenby, Dr. Hall, Dr. R. Knight, Dr. Lessof, Dr. Merivale, Mr. Barry Ross and Professor Trounce, were all re-elected.

(c) The President thanked the secretary and her assistant, John Wass, for all their hard work in the last year.

The new secretary of the club is Peter Stevenson-Moore. John Wass continues in his post as assistant secretary.

(d) The following representatives were elected :
Dental : Robert Anderson, Nigel Harridene, John Hawkins (pre-clinical).
Medical : Stephen Coles, James Pitt-Payne, Stephen Edwards (pre-clinical).
Nursing : Sister R. Lane, Rosalind Huntley.
Physiotherapists : Bobby Lyons.
Orchestra : Michael Vellacott (leader, ex-officio), Robert Behrman.

It was the wish of the meeting that the committee should co-opt the immediate-past secretary, Allison Hill.

The meeting concluded with a general discussion, which at times became heated, about plans for future activities. The meeting closed at 6.40 p.m.

The secretary wishes to announce that the club intends to hold a dinner on Thursday, 22nd May. All members of the hospital are welcome.

Services for Holy Week and Easter in Guy's

Palm Sunday, 30th March	6.30 and 8.50 a.m., Holy Communion. 10.45 a.m., Morning Service and Holy Communion. 4.0 p.m., Roman Catholic Mass.
Monday, Tuesday, Wednesday, 31st March, 1st and 2nd April	12.30 and 1.30 p.m. (for 15 minutes). Readings by members of staff of the accounts of the Passion and Death of Jesus.
Maundy Thursday, 3rd April	1.15 p.m., Holy Communion. 9.0 p.m. to 12 midnight, The Vigil. (See Chapel Notice Board.)
Good Friday, 4th April	6.30 and 8.50 a.m., Litany and Ante-Communion. 10.45 a.m., Morning Service. 2—3 p.m., Devotions on the words of our Lord on the Cross.
Easter Day, 6th April	6.30 and 8.50 a.m., Holy Communion. 10.45 a.m., Morning Service and Holy Communion. 4 p.m., Roman Catholic Mass. 7 p.m., Evening Service.
	Special Preacher :
Sunday, 13th April	10.45 a.m., Morning Service, The Reverend F.N. Doubleday, F.D.S., M.R.C.S.

CORRESPONDENCE

Residents' Ball

SIR,—This year the Residents' Ball is being held in the East Wing on Friday, May 9th. Dancing will be to Bill Savill's Orchestra, Tony Charles with his Rhythm Stars' Steel Band, and a Beat Group.

Tickets: £3 10s. per double ticket, are available from Dr. P. Griffiths (Resident), and Miss S. Lange (Student).

Yours, etc.,
D. P. G. GRIFFITHS.

East Wing,
Guy's Hospital,
London Bridge, S.E.1.

A confession and an exhortation

SIR,—I have been sufficiently aroused by G. L. Davies' letter (15th March) to surface momentarily from the Guy's morass of apathy and self-satisfaction which he so much admires.

What annoyed me more than his regret that the present generation is not being decimated on some heroic field of battle, was that his final thrust was an illogical conclusion to an attack on to-day's student protests.

There are many differing, and sometimes conflicting reasons for involvement in student protest. If one had to find an overall formula suitable for superficial treatment in a letter, it may be said that left-wing students (and thus necessarily a minority of medical students) are disgusted by the direction in which so-called "Western civilisation" is travelling. Any country which can spend millions, be it dollars or pounds, on moon flights or supersonic jet airliners, while problems such as civil rights and housing shortages increase in severity, is basically, morally, sick. Far from "struggling upwards" towards the light, we are plunging deeper into the mire with every advance in technology, a halt to assess values and think again becomes less possible.

To say this is not to support the totalitarian communism of countries such as Russia and China. We are therefore unlikely to rush off to Vietnam to support either the defence of the distorted values we reject, or the totalitarian inhumanity of the communist world.

Basically, student protest is clamouring for a reappraisal of our sense of values. It weakens its case by resorting to violence, which is bred of frustration, and is regretted by the majority of protesting students when tempers have cooled. However, its desire to jolt those still resting on the laurels of two world wars out of their complacency, is decreasing, as political parties throughout the world continue to demonstrate lack of moral drive and distorted priorities. To have won two wars and to have made a mess of the peace is to have won little.

It would be far healthier if Medical Students threw less dental plaster around at Richmond; a pastime smiled upon by the older generation as being "healthy and harmless", and, after all, "traditional": and would involve themselves more in national student movements, where their more conservative approach might prove a useful counterbalance to the excesses of the militant left.

Finally a confession: I am as inert as the next Guy's man, but through cynicism rather than apathy.

The East Wing,
Guy's Hospital,
London, S.E.1.

Yours, etc.,
A. G. SAMUEL-GIBBON.

How to succeed in . . .

SIR,—I was very sorry to hear that only 24% of a random sample filled in her first Questionnaire and hope that the experience gained will be of use in formulating the second.

She may be interested in the results I have had from an extensive survey I have been working on in the Reading Area. One hundred and thirty-four multiple choice questions were sent out to 230 hard-pressed General Practitioners. In the first two weeks 67% had been sent back completed. A further three reminders over six weeks has put this up to 96%, with a further 2% who did not wish to fill it in. The last 2% have promised to fill it in when the present 'flu is over, and I have been too busy with my own full list to press them.

I believe that the secrets of my return are as follows:—I sent a detailed explanatory letter to "sell" the idea, and enclosed a stamped addressed envelope. I also offered a prize of a brace of pheasants and a bottle of whisky for a winning number. Finally the fact that it was a 100% sample suggested that defaulters would be chased up. With a Random Sample, one has the impression that if one does not return it, it will not greatly influence the results.

May I suggest that in the next survey, you randomly select several Medical Schools and send the Questionnaire to every Medical Student there; keep a record of the names and see what they do over the next few years.

The sort of survey you are doing is long overdue. It should not take too much of your time, for surely you only have to pose the questions and let the B.M.A. staff take on the secretarial side.

Tiffany,
7, Rectory Close,
Wokingham.

Yours, etc.,
MICHAEL CROWE.

SPORT

RUGBY

U.H. RUGBY CUP FINAL

GUY'S v. ST. BARTHOLOMEW'S

At Richmond. March 12th.

Result: Lost 3—11.

This game was played on a dull overcast day before a large noisy crowd. There was no significant wind and the ground was soft underfoot. Guy's probably started favourites for this match, but one felt that the Bart's side was potentially dangerous as their playing record suggested. Their cup side was strengthened by the inclusion of the Welsh International Rees and Heslip of London Irish.

Within a few minutes of the kick-off, it became apparent that there was something radically wrong with the well-drilled Guy's forwards, and Bart's were soon establishing superiority in both loose rucks and line-outs. In the set pieces, however, they finished up winning the hooking duel, but in spite of obtaining the strike, the heel was sluggish.

For the first 15 minutes of the game, Bart's launched a continuous attack in the Guy's half. They had quick possession in the loose, and the intelligent combination of Heslip and Cassidy always looked dangerous. May on the Bart's right wing was injured early on in the game, and from then on remained a passenger.

With 17 minutes of the first half gone, a sudden kick ahead by Elliott from 10 yards in his own half, was quickly taken by Ross at full speed. This produced joy in the hearts of the Guy's supporters as he easily shrugged off Packer's tackle and touched down near the corner flag. Davies missed with a difficult attempt.

Now we hoped that this classical piece of play would revitalise the Guy's team. Alas, this was not to be the case. Within three minutes, Cassidy had equalised with a 35-yard penalty goal for Bart's. Guy's were now beginning to win some possession and play came into the Bart's half. Elliott tried another well-placed kick for the right wing, which Shutes just failed to gather. Cassidy, for his part, tried several high kicks ahead for Bart's, but Davies, the Guy's full back, positioned well and relieved pressure with some long touch kicks.

Although with the half-time whistle the scores were level, one felt that Bart's were holding the upper hand. Nevertheless, if Guy's could obtain quick possession, the penetrating running of Price in the centre and the attacking potential of Ross on the left wing might well still win the day for Guy's.

The start of the second half was delayed for a few minutes by the unwelcome reappearance of the rag. Guy's were quickly on to the attack, and on one occasion quick possession from a line-out, saw Elliott's attempted drop goal sail a few feet from the far post. Soon, however, Bart's were back on the offensive, and two well-taken "marks" by Davies relieved pressure on the Guy's line at the required time. Guy's replied with a useful attack by Neville and Blackwood from the back of the line-out, but this was eventually stopped by a tenacious tackle from a Bart's defender. The final break-through came for Bart's about 10 minutes from time. Following a throw-in near the Guy's line, Jefferson avoided some despairing tackles by the Guy's mid-field defence, and touched down for a try under the posts. Cassidy readily added the conversion points so that Bart's now held an 8—3 lead.

The realisation that they were now trailing behind seemed to infuse some new, but temporary, zest into the Guy's forwards. It was, however, hard to realise that this pack was the same one as had played so well against the tough Nuneaton forwards four days previously. The final hopes for a 1969 cup victory faded completely when Cassidy converted an easy penalty to give Bart's a 11—3 lead with only a few minutes to play.

In summary, there is no doubt that Bart's deserved their victory. They had beaten Guy's decisively in all departments of the game. Guy's played well below their usual standard and were scarcely recognisable as the attractive side

The Cup Final — 1969

A good heel by Guy's.

Hard at Work.

[Photos: J. Stock]

that the writer has followed this season. Ross, on the wing, a potential match winner in any team, was virtually starved of the ball. W. Davies, at full back, deserves special mention. His positional play was almost faultless and his touch kicking was both long and accurate. This was probably J. E. Davies' last cup match for Guy's. He has been one of the leading lights in the revival of Guy's rugby over the past few years, and the club owe him a great debt of gratitude. He has been an inspiring and enthusiastic captain who will be hard to replace.

Team: W. Davies, J. Ross, J. Price, D. Smith, J. Shutes, D. Elliott, D. Merrett, J. Davies, G. Hey, S. Challacombe, J. Stoneham, M. Cockburn, R. Blackwood, C. Neville, P. Williams.

D. J. RICHARDS.

INTER-HOSPITAL JUNIOR CHALLENGE CUP FINAL

GUYS v. ST. BARTHOMOMEW'S

At Teddington, March 19th, 1969.

Result : Guy's 9, St. Bart's 3.

With the memories of last week's fiasco still fresh in Guy's minds, the second team set out to prevent a Bart's double.

A rapid start saw Guy's on the attack immediately, but a penalty, against the back row for over exuberance, relieved pressure on a shaky Bart's defence. The first quarter was all Guy's, but they lacked the cohesion to really penetrate the Bart's defence.

With no points to show for their initial vigour, Guy's relaxed and allowed Bart's to penetrate deep into their half. From a loose heel, the Bart's fly-half was superbly tackled by Richey, and although the former refused to release the ball, he was awarded a somewhat dubious penalty, which was duly converted.

From the restart, Guy's were soon back on the attack, and a fine high kick by Matthews gave Guy's a chance to equalise, but a chip through by Novak came to no avail.

There was no further score until half-time, and although Guy's looked the better side, they were not yet at their best.

The second half was only five minutes old when Barough made a clean break, passed to Novak, who put Morgan clear. However, the referee ruled that Novak had knocked on. The Guy's pack were now really beginning to dominate their opposition, and it was only a stream of peculiar decisions by the referee that held Guy's at bay. Persistent offside by the Bart's pack was finally noticed, and a penalty, kicked by Barton, levelled the scores.

From this point there was no stopping the Guy's team, and the backs, given good ball, began to show their superiority over the rather pedestrian Bart's three-quarters. However, the scores remained level for some time.

The constant Guy's pressure eventually paid off with a superb try following two beautiful loose heels. Matthews took the ball from the back of the scrum, half hesitated, so keeping the Bart's back row at bay, and passed out to Richey, who dived over half-way out. This was a tremendous achievement for Richey, who, minutes before, could hardly stand because of an injury. The try was not converted.

With a surfeit of ball, Barough continued to make his characteristic break, but tended to get isolated at times. The now long awaited Guy's second try came in the last quarter, and, like the first, came from a remarkably quick loose heel. The ball was whipped along the back line to Novak, who, knowing Morgan had the pace to reach the corner flag, drew the Bart's cover defence beautifully, and sent the speedy winger over for a classical try. The conversion was narrowly missed.

A final Bart's rally was repelled by excellent defensive kicking, and the final whistle ended an impressive Guy's performance.

This victory was essentially a superb team performance, and much credit must go to Dr. I. A. Baker for his tremendous enthusiasm in coaching the squad of about twenty players from which the team was picked.

J.R.M.R.

Team: J. Richey, I. Morgan, J. Novak, J. Barton, D. Briggs, R. Barough, P. Matthews, A. Addison, J. Cembala, J. Logan, R. Burt, D. Stuart, L. Turner (captain), A. Fallowfield, T. Allen.

GUY'S v. GLOUCESTER

At Gloucester, Saturday, 15th March, 1969.

Result: Guys 11, Gloucester 24.

This year's game against Gloucester was an extremely important one from Guy's point of view, as we had just lost the Cup Final and needed a morale booster very badly. We also had an excellent record to maintain against one of the best sides in the country.

A feeling of fear and slight indifference prevailed in the dressing room, and this showed during the first half-hour of the game in which Gloucester scored three goals and a dropped goal. Unfortunately, one of these tries was awarded after the ball had been touched down by a Guy's defender, and indeed a second try in the latter part of the game was awarded to Gloucester after a blatant forward pass.

Towards the latter end of the first half, Guy's tackling and all-round play improved slightly, but the score remained at 18—0 until half-time.

The second half started and with it a complete transformation in the Guy's pack. The eight, as a whole, suddenly seemed to realise that the way to obtain good loose ball, was to enter the rucks low and very hard. With good clean possession coming from the loose, the Guy's backs now began to look very dangerous, and only some incredible ankle-tapping tackles by the Gloucester defence, especially on their right wing, stopped Guy's from scoring. However, two fine penalties, kicked by W. Davies, gave Guy's the consolation they fully deserved.

Slight lapses in defence by Guy's, gave Gloucester two more tries, but it must be said that their scrum-half and back-row were superb runners with the ball.

The last fifteen minutes, a time when Gloucester are renowned for showing their superior fitness and ability, was in fact all Guy's. The crowning glory of this magnificent second half for Guy's came two minutes from the end. Ross picked up a loose ball behind the Guy's line, made the Gloucester half to find, not only the Gloucester cover defence, but admirable Guy's support on his inside. An overhead pass to Addison resulted in the prop running strongly to within fifteen yards of the opposition line. With the cover closing in, Addison flicked the ball to Williams, who strode over half-way out. This superb and exceedingly crowd-pleasing try was converted by W. Davies.

This game epitomised the "dual personality" of the Guy's team. The first half showed Guy's as a mediocre second-class side, and the second, as a first class team capable of taking on any side in the country.

Although this was basically a team effort, mention must be made of Challacombe and Cockburn, who played in true All-Black style, and also of Price, who, although sustaining a nasty kick somewhere between his knee and elbow, showed great determination and speed.

After this truly first class game of open rugby, a tired but happy Guy's team enjoyed a most convivial evening.

J.R.M.R.

Team: W. Davies, J. Ross, J. Price, D. Smith, J. Shutes, D. Elliott, C. Croft, J. Davies (captain), G. Hey, A. Addison, J. Stoneham, S. Challacombe, P. Williams, M. Cockburn, R. Blackwood.

SOCCER

U.H. LEAGUE

GUY'S v. LONDON HOSPITAL

Wednesday, 5th March. Away.

Result : Won 6—0.

The warm sun shone from a clear blue sky as the Guy's team motored through Hackney Marshes to renew old rivalries with the London. The match promised to be close and hard.

The game began with both sides attacking strongly and testing the two goalkeepers.

Guy's slowly got on top and after twenty minutes, a corner taken by MacClure on the left was turned into the goal by Baker, after Davey had shot. Guy's continued to press, and with their back line of four holding firm and two good diving saves by Wood, the London were unable to equalise. In a quick break Drage raced down the right wing and turned the ball across the goal for Baker to score Guy's 2nd goal.

Immediately after the restart Guy's went further ahead. Lindridge took a beautifully measured free-kick from the centre circle into the massed London goal-area. McClure coolly controlled the ball and lobbed it over the challenging goalkeeper.

This goal took much of the heart from the London and their play deteriorated. Guy's combining well and covering each other, had more time to move the ball about. The fourth goal came as Baker brought down a cross from the left, turned, beat his man and shot past the goalkeeper.

Having won the previous match 5—0 Guy's went hunting for more goals and after three or four scrambled shots Davey made certain. The final goal came as Jacobs pounced on a poor goal-kick and quickly shot past the diving goal-keeper.

In the dying seconds, Poole gave away a penalty which was superbly saved by Wood diving to his right.

A fine win on a fine day for a Guy's side which is now playing as a team and eagerly accepting every chance of a goal.

Team: J. Wood; P. Evans, J. Edwards; S. Poole, R. Davey, R. Lovell (capt.); D. Jacobs, I. MacClure, C. Baker, S. Drage, D. Lindridge.

P.R.E.

U.H.L.

Saturday, 15th February. At H.O.P.

GUY'S v. CHARING CROSS HOSPITAL

Result: Won 4—2.

In a match which concluded their Hospitals League programme, Guys' were hosts to the Charing Cross side, which three weeks previously had beaten them 3—1 in the Hospitals Cup semi-final.

After some sterling spade work on the pitch by two senior members of the team, Guy's kicked off on a ground that threatened to cut up badly. With both sides well placed in the League and obviously wanting a victory, cool heads were at a premium and mistakes were abundant. Guy's suffered an early setback when Wood was unable to hold a free kick from just outside the box, and Charing Cross were one up. However, their jubilation was short lived when, through sheer persistence, Lindridge fought his way through to equalise. Charing Cross showed themselves to be an enterprising outfit, and after half-an-hour, Lennard, the U.H. striker, put them back in front with a well worked goal. The equaliser came from a superb goal by Jacobs. The winger, who has been showing some good form recently, cut inside the back, and seeing the goalkeeper off his line, let fly from 25 yards to give the 'keeper no chance.

Guy's had come back well after being behind twice, and when they finally took the lead early in the second half via Lindridge, the game took a different look. Charing Cross were now looking a beaten side, and Guy's were playing with assurance. However, the game went through a frustrating stage for a few minutes when passes went astray. Guy's raised their game in the closing stages,

and just before the end, Drage completed the scoring to terminate his scoring drought.

A good victory which partly compensates for the cup defeat, but not wholly, of course. The recent run of victories, plus a walk-over from St. Mary's Hospital, means that Guy's have finished strongly in the U.H. League. Guy's league record this season:

P	W	L	D	Goals for	Against	Points
10	7	2	1	31	16	15.....

At the time of writing it seems that St. George's Hospital will be League champions, with Guy's probably 2nd or 3rd, which, considering this season's injuries, is a creditable performance.

Team: J. Wood, R. Lovell, J. Edwards, S. Poole, I. Nash, D. Lindridge, D. Jacobs, I. McClure, C. Baker, S. Drage, A. Godman.

R.L.

SWIMMING CLUB

Firstly, many congratulations and good luck to Graham Northcott on his election as Captain of U.H. Swimming and Water Polo.

U.L.U. Gala

R. Jones was Guy's only representative in this gala, apart from a couple of relay teams. He entered the 100 m. backstroke, 4 x 1 length individual medley, and 100 m. freestyle, and won all these, the last in 60.2 seconds, a new University record, to round off a memorable evening for those who witnessed it. The ladies' team, in the form of Margaret Thom, swam well in several events.

WATER POLO

1st Team v. Kings. Lost 4—2.

This was an even game in which we were never more than a goal behind except for a short period in the final quarter. When, in the dying seconds, following a sustained onslaught on Kings' goal, a bad pass from the goalkeeper enabled them to put the issue beyond doubt.

Scorers: Jones and Challacombe.

1st Team v. Mary's. Lost 4—3.

For the third time in five defeats this term, an extra goal would have given us a not undeserved draw. The scorers once again were Challacombe (2) and Jones, who showed once again his versatility by scoring from "the yards."

1st Team v. King's. Drawn 2—2.

This was a more satisfactory reward for our efforts, particularly as they fielded a stronger team than in the previous game. The match was nearly half over when Davidson's well placed corner was pushed straight in by Challacombe. Kings scored twice in the third quarter, but a well placed shot from a difficult position from Northcott restored the balance. The defence as a whole had a good game, and Howell in particular gave the University captain little room to move.

Team: from Howard, Jones, Challacombe, Davidson, Northcott, Adkins, Howell, Bevis, Evans.

2nd Team v. Q.E.C. Lost 1—0.

A close game, although we seldom looked like scoring after they had taken the lead. Lovell, a much improved goalkeeper, brought off several fine saves.

2nd Team v. London. Lost 3—1.

Again we were beaten by a better side. The highlight of this game was Clark's goal just before time, the team's first of the term. This was greeted with traditional enthusiasm by the watching 1st team.

Team: from Wright, Aspin, Taylor, Lovell, Yetton, Clark, Sands, Bowring, Manson, Forbes, Langley-Smith.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar** in General Medicine to the Board of Governors of the Guy's Group of Hospitals and the South-East Metropolitan Regional Hospital Board. Appointment will be for the period from 1st June 1969 until 30th September 1971, with duties initially in the Lewisham Group until 30th September 1969, and for the following two years at Guy's. The appointment will be made jointly by the bodies concerned. The post, which will be reviewed at the end of the first year, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from and should be lodged with the Superintendent, not later than **10th April 1969.**

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applicants are invited to fill an established vacancy as **Senior Registrar** in Orthopaedic and Traumatic Surgery to the Board of Governors of the Guy's Group of Hospitals and the South-East Metropolitan Hospital Board. The appointment will be for four years from 12th June 1969, with duties rotating between the Guy's Group and the Medway and Gravesend Group. Appointment will be at Guy's until 30th September 1969, and applicants will be expected to spend two years in the Region during the four-year tenure. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1 not later than **11th April 1969.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1

Applications are invited from medical graduates for the post of Temporary **Junior Lecturer** in Medicine, with duties to commence as soon as possible and appointment until 30th September, 1969. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, S.E.1 and should be returned not later than **10th April 1969.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Trainee Registrar** in the Department of Diagnostic Radiology, with duties from 1st October 1969. Appointment for one year in the first instance. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1 not later than **11th April 1969.**

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGINAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar** in Psychological Medicine to the Board of Governors of the Guy's Group of Hospitals and the South-East Metropolitan Regional Hospital Board. The appointment will be for four years from 10th May 1969, or as soon as possible thereafter, with duties rotating between the Guy's Group and the Bexley Group, with initial duties 30th April 1970 at Guy's. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from and should be lodged with the Superintendent, not later than **10th April 1969.**

GUY'S HOSPITAL

Applications are invited for the following appointments to commence on 1st October, 1969:

Department of Conservative Dental Surgery
Registrars to attend full-time or part-time.

Department of Dental Prosthetics
Registrars to attend on 6, 3 or 2 sessions per week.

Dental Department for Children (Orthodontics)
Registrar to attend full-time (this post is recognised for the D.Orth.) or
Clinical Assistant/Registrar to attend on 6 sessions per week (2 posts—recognised for the D.Orth.)

Department of Preventive Dentistry
Registrars to attend on 6, 5 or 3 sessions per week.

Oral Surgery and Casualty Department
Clinical Assistant/Registrar to attend full-time or on 6 or more sessions per week (this post is recognised for the F.D.S.)
Clincal Assistants/Registrars to attend on 6, 5 or 3 sessions per week.

Dental Radiology Department
Registrars to attend on 6, 5 or 3 sessions per week.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1 not later than **Monday, 21st April, 1969.**

NURSING APPOINTMENTS

Miss C. N. M. Grant, S.R.N., S.C.M. to the post of relief night sister as from the 3rd February, 1969.

Miss P. Hartwell, S.R.N., O.N.D. to the post of sister in the Out-patient Department as from 24th February, 1969.

Mrs. R. A. Knight, S.R.N., (née Dixie) to the post of Sister in Addison Ward as from 7th April, 1969.

Miss S. D. R. Evans, S.R.N. to the post of Medical Ward Sister, Stephen Ward as from 1st April, 1969.

Mr. H. D. Thomas, S.R.N., R.M.N., R.T.A. from the post of Deputy Charge Nurse to Charge Nurse in the York Clinic as from June, 1969.

Miss M. V. Prebble, S.R.N., S.C.M. to the post of Theatre Sister as from 21st April, 1969.

Miss F. L. Groom, S.R.N., S.C.M. to a Tutorial post in theatres as from 1st May, 1969.

Miss M. C. P. Johnson, S.R.N., S.C.M., Part I. from the post of Sister to Clinical Administrator as from 24th February, 1969.

Miss N. L. Phillips, S.R.N., S.C.M. to the post of Theatre Sister as from 17th March, 1969.

Miss G. A. Crisp, S.R.N., S.C.M. to the post of Theatre Sister as from 18th March, 1969.

Miss N. Buckle, S.R.N. to the post of Theatre Sister as from 17th March, 1969.

RESIGNATIONS

Miss M. A. Phillips, S.R.N., Sister, Main Theatres.
Miss J. Viney, S.R.N., R.S.C.N., Diplock Ward.
Mrs. M. Maxwell, S.R.N., S.C.M., Theatre Sister.
Miss R. Pritchard, S.R.N., R.M.N., Sister, York Clinic.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.D.S.

Elizabeth A. Cocks
J. D. James
J. R. White
D. A. Keith
T. W. Negus

Primary F.R.C.S.

J. G. Cochrane
C. J. Davies
P. D. M. Ellis
Ann de C. Evans
M. R. L. Joyce
R. H. S. Lane
Rita C. Radford
J. B. M. Shepherd

PRIZES

The following awards have been made:—

CHARLES FORSTER PRIZE IN CARDIOLOGY, FEBRUARY 1969.

F. M. Carter.—Prize.
M. J. Fortune.—Certificate.

BEANEY PRIZE IN PATHOLOGY, MARCH 1969.

E. J. Will.—Prize.

GOWLAND HOPKINS PRIZE IN BIOCHEMISTRY.

P. M. Mowschenson)
D. F. Stubbs) Equal, Prize shared

WOOLDRIDGE PRIZE IN PHYSIOLOGY

D. F. Stubbs.—Prize

MICHAEL HARRIS PRIZE IN ANATOMY

P. M. Mowschenson.—1st Prize.
Miss L. L. Judd.—2nd Prize.

PERSONAL

CLERICAL ASSISTANT, typing essential, Shorthand an advantage, part-time considered; Age immaterial.—Apply Secretary, Guild of Ex-Patents of Guy's Hospital, 16 St. Thomas Street, S.E.1. Telephone: HOP 7600, Extn. 357.

CHANGE OF ADDRESS

Dennis and Maryn Farren, 21 Douglas Road, Chingford, E.4. Tel: 01-529 6568.

Dr. M. Fortnam, The Lambeth Hospital, Brook Drive, S.E.11.

George E. Glazebrook, L.D.S., R.C.S. (Eng.), San Cristoff, Cap Verde, St. Lawrence, Jersey, Channel Islands.

Dr. A. L. Gunn, 12 Esher Grove, Mapperly Park, Nottingham, NG3 5DR.

F. A. Walker, Esq., F.D.S., "Combe", 2 Cresswick, Whitwell, Hitchin, Herts.

BIRTH

HORGAN—On February 19th, 1969 at home, to Margaret (née Esau) and Edward Horgan a son, William Guy a brother for Simon, Kate and Lucy.

DEATH

BAYLIS—On 13th March, 1969, suddenly at sea, Harold Paxton Baylis, Commander, V.R.D., R.N.V.R. (Retired) M.R.C.S., L.D.S.R.C.S.

WATKIN—Philip James (John), O.B.E., M.C., L.R.C.P., M.R.C.S., 1913. Formerly Medical Superintendent Lambeth Hospital. On March 6th, 1969, at Pulborough Sussex.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

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GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2106

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

. . . . Is the source of all Evil

The old proverb must be brought up to date. Though the love of money may still be a source of evil elsewhere, the want or lack of money now seems to be the source of all evil in the National Health Service. This seems to be the message being spread by both the Todd Commission, the Commission of enquiry into the conduct of the staff at a Cardiff Hospital, the *Sunday Times* and *The Observer*, but it must not be accepted without examination.

What, firstly, are the evils that beset the Health Service? The major ones are poor buildings, poor facilities and staff shortages. These three defects are found over most of the country, especially away from the rarified atmospheres of the teaching centres. Can any of these evils be resolved simply by injecting large sums of money? It would seem so. Good buildings can be bought, good facilities can be bought and both these will attract and keep staff in the buildings.

Who, then, should provide the money? The National Health Service was set up to ensure that a good and efficient service should be available to any person needing medical attention of any nature. It was set up for the benefit of the community at large and it is the responsibility of the community, or those who have accepted responsibility for guarding the interests of the community and sit in Westminster, to provide sufficient money to ensure and maintain the efficiency of the Service.

We know this, Members of Parliament know this and the community is growing to realise this. All that is missing is the determination to push the Health Service up the priority scale. To give priority to improving the buildings and facilities of the Health Service over less positive aspects of National expenditure—and this would only be a beginning. This would only bring the material part of the Service up to date, further funds would be needed to ensure continuing improvements throughout the country over and above the basic requirements.

Only by such a vast expenditure in both money and attention can the overstrained facilities of the service be made more adequate. It is idealistic to suggest that this massive effort will be made to eradicate the evils in the present set-up, but it is only by aiming high that progress of any sort can be made towards the eventual target of a service in which Doctors, Nurses and all those concerned with the health of the community can give the best service that they are capable of, unhindered by poor buildings and facilities.

New Consultants at Guy's

Overleaf we print pictures and biographical notes on two of Guy's newly-appointed Consultants. We offer both our congratulations on their appointments.

Two other Consultants have recently been appointed, Mr. Alan Yates to be Consultant Thoracic Surgeon, and Mr. I. W. Broomhead to be Consultant Plastic Surgeon. We congratulate them also and hope to print photographs and brief details of both these gentlemen in the near future.

Chinese Whispers

Nearly everyone at sometime in his life, has played the game of Chinese whispers where a whispered message is passed down a line of children and finally emerges totally different from the original message. The huddle of Consultant, Registrar Houseman and Students in the corner of the ward a few feet away from the patient's bed may not bear much visual resemblance to a children's party but on approaching one can hear the messages being passed round in booming whispers. The group has just finished examining the patient and has retired a few feet away to discuss treatment, diagnosis and prognosis. The patient, meanwhile, cranes forward to catch pearls of wisdom emanating from the lips of the eminent Consultant. Unfortunately, medical terminology and the acoustics of the average ward being what they are, the patient rarely perceives the full story. The psychologists would tell us that the principles of closure and substitution then take over, and the patient's vivid and invariably morbid imagination fills in the blanks, where he did not hear or did not understand what was being said about him. He draws his own gloomy conclusions about the nature of his condition and with sinking heart settles back to await his demise.

Bedside teaching has an invaluable part to play in medical education, but how much of it has to be taught actually by the bed? How much better to retire from the ward after a brief examination of the salient physical signs followed by a discussion elsewhere. And how much more convenient than even this system is to demonstrate the patient in a room off the ward from which the patient can retire before discussion about him begins.

We were glad to see the door to the teaching room on the second floor of Hunt's House being widened. As it is now wide enough to admit a bed it would seem that the trials of Chinese whispers may be coming to an end for patients at Guy's.

Hashish

On page 190 of this issue we reprint Dr. Douthwaite's Clinical Lecture on Hashish which he gave in 1948. This we do in the hope of informing about its effects rather than in any way advocating its use. Those who read the article fully will not be fooled by the attractions of the drug outlined at the start into forgetting the warnings contained in the later paragraphs. A little learning is a dangerous thing.

Congratulations

We offer our congratulations to Mr. D. J. Richards on his appointment as Consultant Orthopaedic Surgeon to the Eastbourne Group of Hospitals.

GUY'S DIARY

APRIL

15	Tu.	1.00	Clinical Lecture. Mr. BEARD. "Some Recent Cases."
21	M.	1.00	Clinical Lecture. Dr. HILLS.
22	Tu.	1.00	Clinical Lecture. Mr. KILPATRICK. "Injuries of the Lower Urinary Tract."
24	Th.	1.00	Clinical Lecture. Mr. GLOVER.
25	F.	1.00	Clinical Lecture. Dr. LESSOF. "Immunity, Immunosuppression and Transplantation."

NEW CONSULTANT APPOINTMENTS

Dr. Chisholm Ogg

Dr. Chisholm Ogg has been appointed Consultant Physician in Renal Diseases at Guy's Hospital.

Dr. Ogg came to Guy's from Maidenhead County School in 1955. He won the Wooldridge Prize for Physiology in 1957 and went on to take a B.Sc. in the same subject in 1958. He qualified (Conjoint Board) in 1960, and in 1961, passed the London M.B. exam. with a distinction in Medicine. His first posts were at Guy's as House Surgeon to Mr. Lawrie, and House Physician to Dr. Baker and Dr. Joiner. Then followed house appointments at Beckenham, the Evelina and the London Chest Hospital.

In 1963 he went to work in the Gastroenterology Unit of the Central Middlesex Hospital and obtained the M.R.C.P. the following year. With this behind him, he began to concentrate on his chosen speciality of Renal Disease, and spent the next two years in the Renal Unit at St. Peter's, St. Paul's and St. Philip's Hospitals. These years provided experience in the management of all types of renal disease, and it was with a thesis on calcium metabolism in renal failure that he gained his M.D. in 1967.

Dr. Ogg returned to Guy's in 1966 as Registrar to the Renal Unit, and was appointed Senior Registrar in 1968. During this time the Intermittent Dialysis Unit and the Renal Transplant Unit were established, and he has continued his work on the investigation and treatment of patients with renal disease, hypertension and disorders of calcium metabolism.

Mr. Frank Ellis

Mr. Ellis has been appointed Consultant in General Surgery to Guy's Hospital.

After qualification in 1949, he received his surgical training in Guy's, holding the posts of House Surgeon, Junior Lecturer in Anatomy, and Registrar in Surgery until 1955. Thereafter he was Senior Registrar in General Surgery, and later in urology. He gained his F.R.C.S. (Eng.) in 1953, and M.S. (Lond.) in 1961. At that time he was appointed to the newly created post of Lecturer in the Department of Surgery, and in 1964 became Senior Lecturer with consultant status. In 1967 he was appointed Consultant Surgeon to the Royal Northern Hospital.

In addition to his early interests in oesophageal surgery, for which he was appointed Hunterian Professor of the Royal College of Surgeons in 1961, Mr. Ellis has carried out research projects in breast cancer, the control of urinary incontinence by electrical stimulation of the pelvic floor muscles, and more recently in organ transplantation. His work in the latter field began when he was visiting Assistant Professor of Surgery in the University of California in 1965. Following his experience there in the vascular and transplantation programme, he returned to Guy's and was made responsible for the newly-created kidney transplantation project. After a successful pilot trial during which twenty-four kidney transplants have been carried out, this project will now be expanded and will continue under Mr. Ellis's responsibility. In addition, his general surgical service will have special interest in peripheral vascular disease.

Mr. Ellis has taken an enthusiastic interest in undergraduate and postgraduate teaching. His films in theatre technique have been awarded B.M.A. gold medals. He has been responsible for many of the student teaching sessions organised by the Department of Surgery, and has taught for many years in the F.R.C.S. course at Guy's and at the Royal College of Surgeons.

HASHISH

by

Dr. A. H. Douthwaite

A Clinical Lecture delivered on Friday, 20th February, 1948

"A true believer sees the gardens of paradise and finds himself surrounded by troops of houris of unspeakable beauty. . . ."—Arthur Cushny.

Gentlemen,—It is difficult, in the prosaic surroundings of this theatre, to do justice to a drug which has held in thrall for centuries some hundred million of mankind. It would be more fitting were the lights dimmed; the air scented with the mystic perfumes of the East; the lecturer and audience clothed in the flowing robes of the Bedouin; and the audience mixed. However, in spite of environmental difficulties I will try to give you a cursory survey of the history and therapeutics of Cannabis.

HISTORICAL

Hemp (Cannabis sativa *var.* Indica) probably had its birthplace along the banks of the southern stretches of the Volga and the Caspian Sea. Thence it spread by natural and human agency to Persia, India, China, Central Africa, Greece, Southern France, South America and Hollywood. Long before the narcotic properties of the plant were recognised hemp was used, as it is still, for the making of rope and coarse garments. The strong fibres of the plant make it suitable for this purpose and a gruesome tribute to their tenacity is supplied in the term "hempen collar", meaning hangman's noose. The seeds are a useful source of oil, and of food for birds. In this connection the medical press reported a few years ago that a young man in this country extracted the hemp seeds from his canary's food, planted them in the garden, and in due course gathered and smoked the dried product, unwisely inducing a female friend to follow suit. His subsequent troubles and publicity must have seemed to him out of all proportion to the cost of a packet of bird-seed.

In warmer climates and high altitudes the strength of the fibres diminishes but the narcotic power of the plant increases. The narcotic

resin is present in the flowering tops of the female plant. *Hashish* is the name best known for the various narcotic concoctions. In the Americas it is known as *Marihuana*—the cigarettes are called *reefers*—in India it appears as *Charas, Bhang* or *Ganja,* and in North Africa as *Kif.* In India, natives, naked but for a leather apron, run violently through the ripe crop and scrape off and collect the resin which has adhered to the garment. In Nepal the method is the same except that the apron is dispensed with. The resin, or the evaporated alcoholic extract, is usually taken by mouth, the dried tops are smoked.

Although in India the drug has been enjoyed for 2,000 years it is comparatively late in history that it acquired notoriety and the name of *hashish.* It came about in this way. After Mohammed's death (697) the inevitable schism developed between his followers. One of the dissident bodies known as the Shahs evolved an Ismaelite branch which founded a Lodge in Cairo. This was visited by Hassan Ben Sabbah—a boyhood friend of Omar Khayyam, a philosopher who you may remember had sound ideas on the sources of happiness. Great honours were accorded Ben Sabbah and this led to jealousy and threats to his life. He fled to Persia and, having attracted numerous followers, captured the fortress Alamut in 1090. Here he organised a sect on a religious basis, but murder of other sects was an essential part of the programme. The arch-priest was known as Sheik-el-Jabal, in fact none other than the Old Man of the Mountains. The high priests decided who was to be murdered, the novitiates or devoted ones (Fedais) had to do the throat-slitting. In order to prepare a young man for this task he was given hashish (its nature was kept secret), and introduced into a beautiful Persian garden amply provided with those pleasures to which young men are normally addicted. Having experienced unbelievable delights he was told that he had had a preview of Paradise. No wonder then that he would gladly risk death in carrying out his murderous duties if this would send him forever to such delirious joys. Thousands of murders were committed by the hashish-eater or Mashshashins (hence "assassin") before the Tartars in 1256 massacred 12,000 of them.

Leaving the Hashshashins to their well-deserved fate we pass to modern history. General Menon serving under Napoleon in Egypt issued a decree (1800) forbidding the use of hashish and ordering the destruction of all stores under heavy penalties for disobedience. He failed.

The first scientific approach to the study of the drug was made by O'Shaughnessy, serving in the I.M.S. in Calcutta in the middle of the 19th century. The first wave of public interest in and addiction to hashish in Europe followed the publication of a book on the drug by J. Moreau (1845). Paris became the seat of hashish-eaters and a hashish club was actually formed by Théophile Gautier, ably assisted by Charles Beaudelaire and friends. During this century it was computed that 200 million people, chiefly adherents of Islam, habitually indulged in the drug. It must be remembered that Mohammed, although forbidding the use of alcohol to his followers, placed no ban on hemp.

A most determined effort to suppress the smuggling of the drug into Egypt from Syria, the Lebanon and Persia was made between the two World Wars. The credit of this goes in large measure to Sir Thomas Russell—better known in the East as Russell Pasha. Both the Mediterranean and Suez Canal coasts were closely patrolled and the suppressive measures met with considerable success. The smugglers, however, exercise considerable ingenuity, stealing by boat into the canal at night and throwing overboard compressed hashish, protected by cork floats, which is gathered by confederates ashore.

THE EFFECTS

The symptoms produced by hashish are not appreciably influenced by the mode of administration. The effects come on more quickly, are less profound, and pass off more rapidly when induced by smoking than when the drug is swallowed. Hashish-eating has been the usual practice in Europe, and most of the literature derived from its devotees is based on this mode of consumption. The oriental and the Californian underworld favour smoking, and provide no literature based on personal observation; the former out of a natural reticence and respect for the sublime; the latter from fear of the police. The description I shall give you is a composite picture derived from published and verbal communications from hashish-eaters.

The rate of absorption of the drug varies widely with different persons. Effects are seldom experienced in less than an hour of taking and usually the interval is 3 hours; it may be as long as 5 hours. The taking of food often precipitates the onset of hashish action.

The "hashish-signal" is difficult to describe. At one moment in his normal senses, at the next the devotee feels a sudden awareness of his separate existence in an inner life. A dark curtain may appear to descend behind his eyes, yet vision is unimpaired. There is heightened sensory perception—largely imaginary. Thus the warmth of the body can be felt streaming through the clothing; sounds become intensified and the experimenter fears, therefore, that he is shouting and thus revealing his state to those in his vicinity. This leads him to dart furtive glances around, and it is but a step from here for him to be convinced of the presence of spies and informers lurking in the shadows. If the eyes be closed he may see caves lined with jewels of incomparable beauty, or scenery which though awe-inspiring will be tempered by colouring of a loveliness beyond imagination. Abruptly the first wave of effect passes off and reveals to his surprise that his companions have noticed nothing unusual in his behaviour, and that their conversation seems to have advanced but little since the moment of the hashish-signal. This is a point of special interest in the pharmacology of Cannabis. Sense of time is profoundly affected and always in the direction of making minutes appear to be hours. It is often stated that perception of space is likewise distorted, but this

applies only to space traversed and thus arises as direct result of prolongation of time. A hashish-eater *sitting* in a room will not perceive its dimensions to be altered.

Another well authenticated peculiarity of hashish intoxication is that the experimenter is fully aware at all times that his experiences are due to the drug, that the hallucinations are unreal, and that with an effort he can recall himself to normal behaviour, thus escaping detection. This does not apply to heavy dosage when the soporific effect is predominant.

The next wave of effect follows in a few minutes and can be postponed by bright lights, conversation, and fears of detection. Conversely, it can be accelerated by withdrawal to a dimly-lit room or by abandoning himself in the company of fellow addicts. As time goes on the wave effect gives way to continuous action. There is usually a sense of well-being, but especially in unimaginative types fears of impending death, plots of murder and so forth may mar the expected pleasure of the experiment. The Frenchman, Blundel (1887), wrote : "Every hashish-eater gets the reaction he deserves."

The sense of humour is heightened. Gargantuan roars of laughter, superb and infectious, echo around the walls of the hashish-clubs. They are usually occasioned by some object which would give rise to no merriment in the absence of intoxication. At other times they may be provoked by one hashshashin describing briefly an episode in his illusory world—*e.g.* lines of blue-nosed topers kneeling on the bank of a river of gin—but it is frozen. When laughing, and at other times, the drug-taker is conscious of details of bodily action. Thus he declares he feels and sees his ribs and intercostals in violent activity as he laughs; he observes the hashish as a green, purple, or red mass radiating from his stomach into his belly and limbs. Mere noises to the normal person are translated into exquisite orchestral compositions.

As a wave of group laughter subsides, silence save for the deep breathing of the hallucinated takes its place. It may be disturbed, especially in the first hour, by some impulsive action of one or more members, but the tendency is to withdraw more and more into themselves and enjoy the visual panorama. This brings me to other typical hashish effects. The visions are always changing. None can be recalled or held at will. There is a tendency for the multiple appearance of the same object. A field of tulips waving gently in the wind; the flowers change to tiny chattering monkeys' heads. A lane appears in the centre down which trots a rhinoceros of alarming proportions. As it approaches it smiles broadly, the mouth overwidening into a huge chasm of red sandstone which now occupies the scene, and so on. Although there may be awareness of "noises and sounds off" no vision be it human or animal ever utters a sound. Hashish-hallucinations can best be grasped by those of you who saw Walt Disney's *Fantasia.* Although visions appear with the greatest readiness when the eyes are closed, yet objects when observed may

acquire strange shapes. Thus the respectable Freiherr von Bibra (1806) by manipulating a towel held in his hand "enjoyed a series of magnificent busts".

Hashish effect may be divided into three stages, the first of waves of disturbed consciousness and impulse to movement; the second of persistent hallucination; the third of deep sleep with occasional return to a semi-wakeful hallucinatory state. The last may not arise if the drug be taken in the company of others and if the dose be not excessive.

An account of the action of cannabis would be incomplete without reference to its alleged aphrodisiac properties. Most drugs for which such a claim is made excite desire but diminish powers of performance. In the case of hashish, desire may be greatly heightened by the illusion of increased sense of touch, visual imagery and sense of freedom from care. Such a combination alone might in fact increase sexual performance. The weight of evidence is that it does do so, though probably the confirmed addict suffers the impotence common to habitual drug-takers. The aphrodisiac quality in conjunction with the remarkable prolongation of time—the "unendurable pleasure indefinitely prolonged" of Viereck and Eldridge—leads no doubt to much of the addiction throughout the world.

The stage of coma may pass into a natural sleep, but in the absence of the third stage the effects of hashish pass off in 2—3 hours. Only the sense of time remains disturbed, and that for some 12 hours. The appetite is greatly increased as the intoxication passes off. Dry bread may be eaten with enthusiasm. There is no headache, nausea, or constipation. Slight drowsiness may be felt the next day.

ADDICTION

Addiction to hashish is not acquired so readily by Europeans as to most of the drugs of addiction. The habit is most widespread where poverty, disease and misery are prevalent. The European nations are to some extent accountable, in that public health services for the subject-nations have always been hampered by niggardly financial backing.

Psychoneurotics form the core of all drug addicts and can be dealt with only by institutional treatment.

Finally, we have the seekers after vice and new experiences at all costs. The number is comparatively few and unimportant. The peculiar attraction to Marihuana by Californian jazz-band players is, according to Professor Harvey, due to the prolongation of time allowing them to perform more beats of "hot rhythm" to the bar. The confirmed addict loses all sense of civic responsibility, becomes dirty in his habits, and drifts into criminal associations.

THERAPEUTICS

In the past cannabis has been used for headache, insomnia, and depression. It was dropped from the B.P. in the 1932 edition. It is governed by the D.D.A. It is now used to produce euphoria, notably in the anxious type affected by duodenal ulcer. It is given if phenobarbitone fails. It is prescribed only for those undergoing treatment in bed. It is used for not longer than three weeks. Recently the closely related synthetic tetrahydrocannabinol *Synhexyl* has been used as a euphoriant in depressive mental states. There seems to be little, if any, difference between the action of synhexyl and cannabis. Hashish, however, has the disadvantage of being liable to great variation in potency in its preparations, and to unpredictable loss of activity after periods of a few months to several years.

Though of limited value in medicine, I hope that you will not feel your time has been wasted in listening to this account of a drug which shares the distinction with wine of being the oldest known intoxicant. A plant which gave pleasure to Helen of Troy, caused the massacre of thousands, clothed and hanged countless citizens, nourishes canaries and which obtains for misguided Man the delights of the Arabian Nights, Omar Khayyam and Walt Disney, is at least worthy of your attention.

CHALONES

New Regulator Compounds and Their Role in Cellular Homeostasis

by

M. D. Alexander

"One of the normal consequences of differentiation may be the development of a growth inhibitory mechanism." This statement by a cell physiologist called Weiss, in 1955, was extremely far-sighted.

Although many topics concerning tissue formation have been studied, the mechanisms controlling tissue maintenance have proved much more intractable. There must be a balance between the forces of cell production, function and loss. It can be presumed that a complex homeostatic control system exists. The differentiation of embryonic tissues is thought to take place by a process that controls the expression of various regions of the genome. Consideration of mitotic tissues both *in vivo* and *in vitro* suggested a regulation of mitosis by a negative feed-back mechanism. Several workers have obtained substances by extraction of various mitotic tissues which have been named chalones ; they are anti-mitotic chemical messengers of central importance in tissue homeostasis.

The mitotic activity of adult tissues varies widely from a high rate in growing hair bulbs to a very low rate in the liver. Functional cells have only a limited lifetime whereas the group of active mitotic cells is "potentially immortal". When the mitotic rate is high the tissue dies quickly, whereas when it is low the tissue has a longer "life". The similarity of the phases of mitosis with the phases of ageing coupled with the fact that different tissues have characteristic lifetimes suggests that the same genes that code for mitosis may also code for ageing.

Cells of any mitotic tissue presumably therefore have two main tasks for their protein synthesis mechanisms : (1) to prepare for mitosis or (2) to synthesize enzymes for function and by this for ageing. These two systems will tend to be mutually exclusive. A cell after mitosis will have two alternatives, either to prepare for another mitotic division under the control of a "mitosis operon" or for function and ageing under control of the ageing and tissue operons. Dichophase is thought to be the point when this "decision" is made. After dichophase the cell enters early prophase when accelerated RNA and protein production

takes place. Following this, DNA duplication takes place and studies have shown that as the DNA synthesis rises, the RNA synthesis falls off. As the cell nears antephase RNA synthesis picks up again along with the protein synthesis mechanism which is necessary for the manufacture of spindle material and also for a store of energy-rich macromolecules to support the cell during the rest of the mitotic cycle. During mitosis itself as the chromosomes move apart and as the nuclear membrane breaks down, very little enzyme synthesis occurs and RNA production appears to be at a minimum. The genes must therefore play a major, if not ultimate, part in cell division.

Cells of the *stratum spinosum* in the epidermis undergo active mitosis when the epidermis is wounded; unwounded cells would never undergo mitosis, Therefore the mitosis operon in functional cells is still potentially open. In contrast, dying cells have a closed genome, for they do not revert to mitosis or are unable to in a "cellular emergency". This suggests that the ageing pathway is in some way separable from tissue function. How does the cell choose which pathway to take? In bacteria and up to metazoan embryos, switching on one part of the genome and switching off another region seems to be in response to the concentration of a specific molecule, in the region of the chromosome.

It was thought that when a cell divides by mitosis the two daughter cells were in some way different from one another. One would divide again along the mitosis pathway, whilst the other would carry out cellular function. Recent research has shown that in fact both cells are equivalent and it is now thought that the environment determines a cell's choice of pathways to follow. If environment does dictate the gene expression in cells then it is reasonable to assume that there exists a concentration gradient of some chemical messenger from basal to superficial layers. The system might work as a negative feed-back to suppress mitosis and to confine it to the particular region, e.g. the basal layers in epidermis.

An anti-mitotic agent was isolated from epidermis and this agent was called a chalone. Although epidermis is the major source, chalones have been isolated or detected in many other organs, including the liver, kidney and melanocyte cells. The principle of extraction is relatively simple, the tissue is either made into a powder by lyophilisation or used fresh. It is made into a suspension or homogenate and then centrifuged at a moderate speed. The source of chalone is the supernatant of this centrifugation.

Some properties of this crude preparation are that it is tissue specific, heat labile and non-dialysable. The assay for the presence of chalone is long and open to criticism. Small pieces of mouse ear are incubated in standard buffered saline containing glucose and the test sample. Colcemid is added for the last few hours of every experiment. After fixation, sectioning and staining, the number of mitoses (arrested in metaphase) in 1 cm. length epidermis is determined. For the routine assay, the mitotic activity was measured at the end of a 5-hour period with various concentrations of the preparations. Controls were made to show that inhibition was not due to

a non-specific inhibitor. Chalone was said to be present in a test sample when the mitotic activity was reduced in the first five hours. When *in vivo* tests were carried out, care was taken to measure and take account of the diurnal rhythm of mitosis.

Recently chalone from pig skin has been isolated, purified and characterised. After suspension of a pig skin powder it was fractionated with ethanol followed by column electrophoresis at pH 3.0 and finally dialysis. The purified material was subjected to ultracentrifugation for an estimation of its molecular weight and a peak corresponding to a molecular weight of between 30,000 and 40,000 was obtained. Characterisation has shown that the chalone is a basic protein or glycoprotein, stable at low pH and having an iso-electric point between pH 5.2—6.0. Digestion with pepsin had no effect on its activity where as tryptic digestion completely destroyed the activity. One unit of chalone is defined as that which induces 50 per cent depression of mitosis per mg. of dry tissue.

The normal balance of mitosis and function seems to be achieved in terms of the ultracellular concentration of tissue chalone: this concentration is determined by the balance between rates of chalone synthesis and loss. The rate of loss is related to the difference between concentration of chalone in the tissue and that in the blood and body generally. The ultimate factor may be the chalone concentration in the blood, i.e. tissue may continue to grow until blood chalone concentration rises to such a point that the tissue chalone is in turn able to rise sufficiently to depress the mitotic rate. One interesting semi-confirmation of this idea comes from work on the insect *Rhodnius*, where the high mitotic activity at moulting time seems to be developed as a homeostatic response, rather than a nutritional or moulting hormone effect, to stretching of the epidermis and consequently the separation of the cell nuclei. The nuclei may be able to detect their degree of separation chemically and by a negative feedback principle control the situation. It seems that tissue homeostasis is maintained through the action of tissue-specific chalones and that each may control the activities of a range of related tissues.

The mitotic activity in adult mammlian tissues varies from hour to hour according to a diurnal rhythm. It is now clear as far as epidermis is concerned that the mitotic rate is high when the animal rests or sleeps, the rate of adrenalin secretion being low, and the mitotic rate is low when the animal is awake and active and the adrenalin secretion is high. There is in fact an inverse relationship between epidermal mitotic activity and the adrenalin content of the blood. This "adrenalin effect" does not appear in all tissues, e.g. active hair roots do not exhibit the property. Recent results suggest that in epidermis, adrenalin will only prevent mitosis in the presence of epidermal chalone and thus combined action is strengthened by the presence of a glucocorticoid hormone.

The two stress hormone systems are built into the tissue homeostasic mechanism and the choice between the mitosis operon and the ageing and function operon seems to be influenced by the degree of stress felt by the animal. Why have stress hormones become involved

in tissue homeostatis? One answer is that there may be considerable survival value in reduced cell production and increased cell survival in conditions of stress, e.g. an animal in a state of extreme hunger might use its reserves too quickly and consequently die sooner if cell production and loss were not reduced. Viewed in this way, the diurnal mitotic cycle may be only an unimportant by-product of the stress reaction.

In a mitotic tissue the characteristic response to any injury is an increased mitotic rate which leads to replacement of lost cells. This response has been shown to be dependent on the loss of a mitotic inhibitor rather than a "wound hormone". After the infliction of a skin wound the mitotic inhibitor or chalone is lost only from those epidermal cells lying within about 1 mm. of the wound edge. This loss may be due to reduced synthesis, to dilution within the cell or to diffusion from the cell. Epidermal cells on wounding increase their water uptake and this could dilute the intracellular chalone. In damaged epidermis mitotic activity reaches a maximum after 36 to 48 hours. As the mitotic rate rises the power of stress hormones to inhibit mitosis is reduced and the diurnal rhythm fades. This would be the expected effect of the disappearance of the chalone. A wounded animal is usually stressed and may also go hungry, this leads to a reduced mitotic rate and a prolonged cell life in most of the undamaged cells, but around the wound the mitotic activity remains high and healing is rapid.

Massive tissue destruction and damage leads up to the controversial subject of regeneration. With the discovery of chalones it is now possible to explain at least one aspect of regeneration. When the mitotic rate is low, as it is in the liver and the kidney tissue, it is due to the high chalone content. This concentration is maintained by the rate of synthesis balanced against the rate of loss, presumably into the blood. When a significant part of an organ system is removed the blood chalone level will fall and the result will be an increased loss of chalone from the remaining organ fragments. Assuming that the rate of chalone synthesis remains constant, the chalone concentration in the tissue cells will then be reduced to a level at which differentiation for tissue function gives way to differentiation for mitosis.

When the chalone concentration is low the mitosis operon is activated and when it is high the ageing and tissue operons are activated. It has been argued that the rate at which DNA synthesis proceeds in *E. coli* is directly related to the quantity of certain enzymes that were synthesized earlier. If this is true, then the lower the chalone concentration the more active is the mitosis operon, the quicker the onset of the synthesis of the essential enzymes, the higher is the final concentration of these enzymes and therefore the faster is the mitotic cycle.

Changes in the mitotic rate are known to be accompanied by changes in the rate at which cells traverse the ageing pathway. A reduced chalone concentration leads not only to an increased mitotic rate, but also to a reduced life expectancy of functional tissue cells.

For rat liver the mitotic rate and functional life expectancy have an inverse log-log relationship. Conversely when the action of epidermal chalone is strengthened in stress, the time taken by epidermal cells to traverse the functional pathway is greatly prolonged.

There seems to be a direct quantitative relationship between the chalone concentration and the duration of the ageing pathway. However, the evidence suggests that it is not just the newly-formed tissue cells that show an altered rate of ageing. When epidermis is damaged all the locally affected cells, including those which up to that moment had a relatively slow rate of ageing, immediately acquire a faster rate. Also, when the damage has been repaired, all the new tissue cells which during the period of high mitotic activity showed a fast rate of ageing, then resume the normal slower rate of ageing. Thus the duration of cell life is related not to the mitotic cycle at the time when the cells were formed, but to the conditions existing at the moment within the tissue. This suggests that both the mitotic rate and the rate of ageing may be separately dependent on the same factor which could be the chalone concentration. This introduces an important safety factor into tissue homeostasis. Because any increase in the mitotic rate is immediately matched by an increase in the rate of ageing, any serious over-growth of tissue is prevented.

It has been shown that the balance between ceel gain, function and loss in any normal tissue is determined by a homeostatic mechanism which selects between two alternative gene-controlled programmes of synthesis. In a non-mitotic tissue, however, no such balance exists. The best known non-mitotic tissues in mammals are the striped and cardiac muscles and the neurones. In these tissues the cells are created by active mitosis during foetal life, thereafter all mitotic activity ceases and any growth is achieved by increase in the cellular size. The non-mitotic tissues are incapable of mitosis for one of two reasons: (1) the mitosis operon is completely shut down, leaving only the ageing and tissue operons open, or (2) all these operons are shut down and tissue synthesis is under control of long-life RNA. As yet the evidence for each is too controversial to state.

This is the first part of Dr. Alexander's article. The second half will be printed in our next issue.

DENTAL SCHOOL CLINICAL DAY

1st March, 1969

by

R. A. W. Wakeley

The 36th Annual Clinical Meeting of the Dental School was held on Saturday, 1st March, 1969. Fortunately, the cold weather, and the fact that it was St. David's Day did not keep people away and once again a large gathering of Old Boys, friends and students attended. Those who travelled many miles to attend the meeting were certainly not disappointed, as there was much to see and hear.

Compared with previous clinical meetings, when individual members of the staff presented their own demonstrations, this year each department concentrated on a central theme. The Conservation Department, in particular, produced an excellent series of demonstrations on "Amalgam", a subject which has often been left on the sidelines in the past. It was obvious that a vast amount of time and effort had been put into this project.

Another fine team effort which caught the eye was the demonstration put on by the Casualty Department on the "Presentation and diagnosis of neoplasia of the oral cavity", which was adjacent to the demonstration by the Department of Oral Medicine and Pathology, "Too many people die from oral cancer." Both of these demonstrations brought home to all of us the fact that we have a very important part to play in the detection of oral neoplasms. It is indeed a sobering thought that out of one hundred patients with cancer of the mouth who went to see their dentists, 69 were not diagnosed.

It is, of course, almost impossible to comment on every single demonstration in each department, but there were one or two which deserve special mention, especially in the field of research. These ranged from the Department of Preventive Dentistry, where there was an excellent display demonstrating a system of simulating oral conditions causing plaque formation, to the Children's Department, where there was another unusual presentation. This demonstrated "Soft tissue articulation during speech in relation to certain orthodontic problems"!

It was a great disappointment to many that owing to an unfortunate skiing mishap, Mr. Allan Thompson was unable to demonstrate, "Multiple pinlay technique".

It has always been difficult for a crowd of people to see very much whilst watching oral surgical procedures, whether in the operating theatres or from the observation domes. It was, therefore, very interesting to see a video-tape recording on the use of television as an aid to the teaching of dentistry. With the use of video-tapes, oral surgical procedures can be viewed on monitors by an indefinite number of people in comfort both for the surgeon operating and the people viewing.

It was amazing to see the effect of a television monitor in the Conservation Department; it acted almost as a homing beacon, drawing people towards it.

We would like to extend our grateful thanks to Professor R. Warwick, of the Department of Anatomy, for allowing us to use the T.V. equipment in

the Medical School, and also to Mr. Finch for all his help in the Studio whilst the video-tapes were being recorded.

Those of us who braved the biting cold wind to cross the park to the Anatomy Lecture Theatre in the Medical School were certainly not disappointed as Mr. Bret Day gave an extremely illuminating paper on "The Changing Face of Oral Infection". During this lecture Mr. Bret Day traced the changes in oral infections from the days of the Great Plague when man had to survive by a process of expensively acquired immunity, to the present day when he has an enormous range of antibiotics at his disposal.

Although many more difficult oral surgical procedures can now be carried out under the relatively safe umbrella of antibiotics, we must be aware of the limitations of these drugs and should never give "blind antibiotic treatment".

The afternoon session began in the Dental Lecture Theatre where Professor Cawson gave a delightful talk on "Cases you have sent". These ranged from a Japanese lady with anaesthetic narcosis to a rare case of glandular fever involving the tongue.

This was followed by an entertaining lecture on Dentistry in Latin America, given by Professor Tulley.

So once again clinical day came to a close. Looking back, I feel that the great success of clinical day is due, in no small way, to Miss Archer and her team in the Medical Illustrations Department, and to Miss Hodgekin and Miss Martin of the Photograph Department, for the tremendous help they give to each member of the staff.

SEVENTY-TWO HOURS ON

The lashes veil the blood-shot eyes,
The lids have bulged thrice normal size,
Twin fists have left a fine coaldust
And bags add to the holocaust.
Pupils small and bright, they stare,
An arm thrown up to shield the glare,
Out of a white and deathly space.
Mists and fogs now fill the place
Where once a brain resided.

The words are slurred and drunken;
The voice feeble and shrunken;
Movement is ache and blundering;
The head keeps right on thundering;
The throat feels sore and parched;
The tongue trapped stiff and starched.
The eyelids droop, the shoulders sag,
Feet are clumsy and footsteps drag.

It is much like the hideous aftermath
Of a binge in a three-day wine bath.
In fact it is the nauseating sight,
After working for three days and nights,
Of an officer of the house at Guy's,
As he crawls to the East Wing, and dies!

ANON.

K

NURSING SECTION

TO READ OR NOT TO READ . . .

With the prospect of a multi-disciplined library in Shepherd's House for nursing, physiotherapy and radiography staff about to materialise, it might be expedient to consider what we, as nurses, expect of a library service, if, indeed, we expect anything at all.

To many nurses (in many hospitals) the meaning of "the library" is synonymous with the gerundive, "meet to be avoided"! To the initiated it implies a comfortable arm-chair, a free daily paper (or the weekly "Book of Life") or, when contemplating the future, the overseas nursing journals for prospective posts. This reads as though I believe that no nurse ever reads a professional or professionally-associated book. What I wish to infer is that few nurses resort to the Library for pleasure or leisure, let alone for further advancement of their basic knowledge.

The majority of nurses need to be enticed to use a library and take textbooks off the shelves; even then they are often bewildered as to discovering the usefulness of a book and need guidance in using an index, in order to "dip" quickly and successfully into a tome. Some may be wondering what I mean by enticement: nurses are encouraged to research in books when writing their patient-care studies; when completing "work sheets" relating to experience gained in particular areas and units ; when amassing information before presenting practical projects during study days and blocks ; and the awareness of which reference books are missing will always be indicative of what subjects are being studied during a particular week. This would sound as though nurses make very full use of their library service.

Nurses, however, are not "bookish" people; if they were, many of those who chose to enter teaching hospitals for their training would have migrated to university or training college on leaving school. The very nature of a nurse's life demands that she is more active than contemplative. Although a certain level of knowledge must be reached with the aid of tutorial staff and books, the average nurse will view her work as an imitative art, learned (rightly or wrongly) chiefly by imitation of her seniors and teachers and by trial and error. She will have made minimum use of textbooks, except when Hospital and State examinations made it politic so to do.

Once a nurse has achieved her goal, namely that of State Registration or State Enrolment, she rarely searches for a solution in the printed word or through other learning aids, unless she decides to take one or more post-registration trainings, and the longer she leaves this the harder recourse to books is, if the pursuit has not been continued since unwilling student days.

With this dismissal of the pursuit of learning through texts and individual study, nurses are not exploring the art and skills of nursing to the full ; nursing, like any other art, is enhanced and enriched through continual study. Only thus can the intrinsic science of nursing be understood. This science is now so overwhelming and complex that nurses, like doctors, must accept that they can participate in only a limited sphere. One does not expect the zoologist to pursue the same lines of work and research as the chemist or the botanist, even though they may all possess a B.Sc. Likewise, the nurse, whether she choose to work in a renal dialysis unit or a specialised surgical unit, must keep up with study, either through books or journals or films. To be an effective operator she must be a lifelong student ; to keep apace with all the changes and research in progress she must make it one of her habits to dip regularly into current medical and nursing literature. Here the regular use of journals is to be advocated, in that any new textbook is always out of date.

One could pursue this subject of why nursing students and trained staff should use libraries and other sources of reference. The fundamental problem is *how* to encourage them to use such tools naturally and willingly from the beginning. The availability of money for trained staff in the Guy's Group of

Hospitals is easing this problem; it has been possible to provide more textbooks for wards and departments, and trained staff seconded to special courses have been helped over the hurdle of where to start with their reading lists and to obtain somewhat esoteric references. Nevertheless, this still continues the dissemination of library resources, rather than centralising them under expert staff.

What is the solution? Only when nursing library services (together with those of physiotherapy and radiography) are co-ordinated and consolidated with those in related medical schools, then will there be improvement of library tools and the machinery for the retrieval of information : in short, the proper and effective use of a library in nurse education. At the Annual Conference of Handicapped Readers' Group last year the regional structure for hospital libraries was proposed (it has already started in one region); area group libraries would be subordinate to them and responsible to smaller hospitals in the area. The regional and area libraries would be run by qualified librarians. Such libraries would serve all staff; whether or not these services should include provision of library service to patients is debatable. In certain new district hospitals a general library for patients and staff has been integrated with the services to be given to medical, nursing and technical staff.

The whole question is complex : the change in senior nursing staff structure, along with improvements in post-graduate medical training and the needs of patients for books as part of their therapy—as proven by the service given by voluntary bodies—all point to the need for some serious thinking about the library as a vital department, not only centralised within a hospital or group, but possibly on a regional basis, with the availability of a computer for documentation and easy retrieval of information for all grades of staff.

APPOINTMENT OF DEPUTY MATRON

Miss B. M. White (Guy's 1944–1947) has been appointed Deputy Matron from the 1st April, 1969, and I am sure that readers will wish her every happiness and success in her new post.

CORRESPONDENCE

That T*w*r Bl*ck

SIR,—I feel that I am fighting a losing battle, but may I make one more plea for the name of our new building. I repeat, "Block" is an ugly word. We have never had "Blocks" at Guy's. All our buildings are called "Houses." "Tower Block" is particularly unpleasant because of its association with the axe and rolling heads. I was sorry to see Passim an outstanding offender in the current issue of the *Gazette*.

Yours, etc.,

FLORENCE TAYLOR.

2/103, Blackheath Park,
S.E.3.

Demos v. Rags

SIR,—I was pleased to read in the correspondence columns of the *Gazette* that Dr. Davies, of Hay-on-Wye, can "feel sorry *even* for young Communists" being "butchered in Vietnam." I will agree with these sentiments, perhaps with less reluctance than Dr. Davies expressed them. Unfortunately I can agree with little else in his letter.

A few weeks ago, rugby playing medical students from a hospital in London descended on the University of London Union to forcibly remove the students of L.S.E. who were occupying the building at the time. This action received much popular support. Are "unseemly scuffles" beneath the dignity of medical students?

More recently we witnessed the annual "rag" at the Hospitals' Cup final, a spectacle lacking in dignity and purpose. We also saw parts of Guy's bespattered with gentian violet and dental plaster as a result of the activities on the eve of the match. It seems to be all right to indulge in futile destruction and disorderly conduct to let off steam, but if a cause is involved, the participants are described as "disruptive elements." How dare they try to prick our stony conscience by bringing issues like racialism, social injustice and Vietnam into Trafalgar Square!

It was kind to assume that medical students were too busy with their studies to become involved in the more notorious demonstrations. Dare I suggest that they are part of the politically inert majority, to twist an overused expression! Have they not adopted, while still in their youth, the inflexibility of thought which would be rightly theirs during late middle age?

Yours, etc.,

TOM TREASURE.

The East Wing,
Guy's Hospital.

BOOK REVIEW

"HAEMATOLOGY IN DIAGNOSIS AND TREATMENT."

This book, by three authors associated with University College Hospital, is designed to integrate clinical and laboratory haematology especially for undergraduate students and those who have graduated recently. It covers all the conventional topics of a haematology text book, but gives special emphasis to those topics of interest to the authors. For this reason the haemoglobinopathies and haemolytic anaemias are given disproportionately large amounts of space, but these chapters perhaps provide the best reason why one might purchase this edition or else refer to it in a library.

As a whole the book is marred by a very large number of spelling and other mistakes, e.g. de Guiglielmo (di Guglielmo), melphelan (melphalan), pirimidone (primidone), Stuart-Power (Stuart-Prower), but these are mainly minor irritants due to careless proof reading. Some of the errors, however, are important, e.g. "Adrenal corticosteroids are used by many physicians in conjunction with antimetabolites in the treatment of (acute leukaemia), but a Medical Research Council trial investigation (1965) into their value could find no statistical evidence to support their use." Not only is the reference wrong as regards the date, but it is incorrect as regards the finding of the trial. The normal range for serum B_{12} is given as 110-1000 uug/ml on page 53, and 150-900 on page 117, serum folate values are given consistently in ug/ml (instead of mug/ml) and many of the historical aspects of haematology linger, e.g. ESR's read at 1 and 2 hours; haemoglobin values expressed in %; mean cell diameters; carbachol given during Schilling tests. For a haematology text book, the colour illustrations are of extremely poor quality.

The next edition of this book should prove a useful addition to the student's library. As regards this edition, there is a copy in the Will's library which should be read for its chapters on the haemoglobinopathies and the haemolytic anaemias. However, as regards a text book for purchase by students, there are several better ones available at present.

J.R.

SPORT

RUGBY

GUY'S v. SIDCUP

At Sidcup, Saturday, 22nd March.

Result: Lost 3—8.

On a dull, cold afternoon, with a strong March wind blowing the length of the pitch, Guy's lost the toss and were made to play into the wind. After five minutes of Guy's aggression, a long line-out throw to the Sidcup fly-half took play right to the Guy's line. Here, for fifteen minutes, Sidcup were entrenched. However, in spite of almost constant possession, the good defence of Guy's and the wanton waste of opportunities by Sidcup's back row and half-backs combined to prevent a score. Eventually an opening was made on the blind side and Sidcup's right wing went in for a try.

From the restart, Guy's played all the rugby, and there were some fine attacking moves. Guy's one score came after a fine handling move, with the backs and the back row combining well, took the play from half-way to the Sidcup line. Somehow, from the mêlee, the ball went over the Sidcup line and various Guy's hands touched it down.

Sidcup scored again soon after—against the run of the play. However, Guy's finished up the half on a high note when the ball went all along the line to Ross, who was just bundled into touch before he could score, leaving the corner flag in need of half-time repairs.

The second half was a disappointment. In spite of constant pressure, and a fair amount of possession the ball was kicked repetitively to the waiting arms of the Sidcup defence. The lessons of the first half—that handling moves brought results—were ignored, and Guy's persisted in wasting the ball they had and, by their kicking, generally created tight play, which they were unable to dominate sufficiently.

Team: W. Davies, J. Ross, J. Price, D. Smith, J. Shutes, R. Barough, C. Croft, J. Davies, J. Cembala, A. Addison, D. Stuart, S. Challacombe, P. Williams, C. Neville, H. Burry.

SOCCER

GUY'S v. MIDDLESEX HOSPITAL

Saturday, 8th March. At Chislehurst.

U.H.L.

Result: Won 4—1.

After their fine victory over the London in mid-week, Guy's were in high spirits for their game against this season's U.H. Cup finalists.

Kicking off with the advantage of the sun and the slope, Guy's were obviously hoping for a good half-time lead, but had an early scare when the opposition hit the bar. Gradually, however, Guy's settled down, and after twenty minutes took the lead with a text book goal. Taking a return pass from Jacobs, Evans put over a perfect centre to the penalty spot, where Baker rose majestically above the centre-half to head into the top corner of the net. Inspired by this success, the visitors went close to scoring on several occasions, but the half-time score remained at 1—0, and there were doubts as to whether this would be sufficient for the uphill task in the second half.

Middlesex changed their tactics for the second half, Evan-Jones, their London University player, moving up into midfield, and indeed for the first ten minutes, Guy's were being pressed hard. Generally, however, Guy's were moving the ball about better than their opponents and deservedly increased their lead when Baker forced the ball home from close range following a corner. This goal seemed to shake Middlesex, and as the game progressed, it became more obvious that Guy's would end clear winners. As if to confirm this belief, the irrepressible Baker popped in number three, to bring his total to ten in the last three games. With both Jacobs and Godman tormenting their respective full backs, Guy's should have progressed further when the normally dependable

McClure fired wide of an open goal. Down at the other end in a breakaway attack, Middlesex were awarded a penalty after one of their forwards was tripped in the area. Milligan, another University player, converted the penalty in his only real contribution to the game, for he had been easily policed by the Guy's back line of four defenders. In the closing minutes, Lindridge completed the scoring from the penalty spot when he cheekily sent the 'keeper the wrong way and rolled the ball into the other corner.

Another impressive victory for the Guy's side which is currently producing a lot of entertaining—and winning—football.

Team: J. Wood, P. Evans, J. Edwards, S. Poole, R. Lovell, D. Lindridge, D. Jacobs, I. McClure, C. Baker, S. Drage, A. Godman.

R.L.

BOAT CLUB, Spring Rowing

Rowing this term was concerned with Head of the River races in which crews start off at staggered intervals and row against the clock.

The Boat Club this term were hard pushed to assemble a 1st VIII because of tight work schedule by several much required members of the crew. Consequently, land training was stepped up to three evenings a week with one outing on the river over the week-ends. The 2nd VIII was composed of the previous term's intake of fresher oarsmen.

U.L. HEAD (Putney to Mortlake) (March 5th)

This was a particularly demoralising day for the 1st VIII, all honours going to the 2nd crew. Lack of river training became obvious as the race drew to an end. A crab caught under Barnes Bridge also did not help matters any.

On the other hand, the 2nd VIII had a reasonable start and settled down well, gradually closing the ten seconds' gap between themselves and Q.M.C. II. Despite an affray under Hammersmith Bridge, Q.M.C. were overtaken and all attackers were held off except for Royal Vets. I.

1st VIII—Bow, G. Taylor; 2, P. R. Hunt; 3, G. Jackson; 4, P. J. M. Moulder; 5, D. Archer; 6, N. Bax; 7, A. Batch; stroke, J. Osborne; cox, M. A. Brownjohn.

2nd VIII—Bow, J. Monson; 2, D. Barker; 3, R. Newbon; 4, C. Willis; 5, R. Pinkney; 6, M. Wink; 7, H. Fuller; stroke, J. Ogle; cox, F. Moorhouse.

BEDFORD HEAD (March 8th)

Only the 1st VIII were entered for this event. Guy's were placed high up in the draw, sandwiched between King's School, Peterborough B.C.I., in front, and Norwich A.R.C.I. behind. A good clean start took the crew well away from Norwich, the crew maintaining this position, helped by good coxing, for the first half of the course. Norwich, an obviously fitter crew, began to creep up, but bursts of ten and a sprint for the finish held them off.

Position—61st. Time, 8.8 mins.

Crew—Bow, J. Bates; 2, P. R. Hunt; 3, M. Gleeson; 4, P. J. M. Moulder; 5, G. Jackson; 6, N. Sax; 7, A. Batch; stroke, J. Osborne; Cox, M. A. Brownjohn.

READING HEAD (March 15th)

Conditions this year were extremely treacherous due to flood water, which made the river run very fast in parts, especially at the start.

After being on the water for about 2½ hours, the race finally began with a steady controlled start by the 1st VIII. Upper Thames I behind, hotly pursued the crew to the end of a no overtaking area called Rab Island Gub. It was here that they overtook, forcing Guy's out of the stream. At this point Guy's suddenly had pick-up, the crew rallied together and drew back upon Upper Thames until they were half a length in front. This lead was roughly maintained until just before Caversham Bridge, where a tired crew could hold them off no longer.

The 2nd VIII rowed a reasonable race despite the heavy flood water. There was an unfortunate crab catching incident which cost them several vital seconds, but they managed to pull away well after that.

Result: 1st VIII—112th. Time, 14 mins. 15 secs.

2nd VIII—120th. Time, 14 mins. 41 secs.

KINGSTON HEAD (March 22nd)

A head wind along part of the course, made conditions very rough, consequently most crews shipped a lot of water. The 1st VIII lowered its rating in this choppy water, and for some reason or other managed to hold off Imperial College III better in these conditions than in calmer water further along the course. The rating picked up after Kingston Bridge, where a clash with another crew left bow rowing with only part of an oar. After an exchange of swearing from the coxes, Guy's increased their rating still further to finish in a time of 21 mins. 10 secs.

The 2nd VIII had started lower down in the field, and gained on some of the crews in front, but were overtaken by faster crews from behind. They still did extremely well for an inexperienced VIII rowing in rough water.

Result: 1st VIII—67th. Time, 21 mins. 10 secs.

2nd VIII—77th. Time, 21 mins. 45 secs.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

At the end of 1966 the Medical Committee decided to alter the system of appointing house officers in order to give more of our graduates an opportunity to hold a house appointment at their own teaching hospital, and it was agreed that for a trial period of two years' pre-registration posts in the following specialities should be first six months' appointments:—

General Surgery
General Medicine
Gynaecology
Otolaryngology
Orthopaedics
Radiotherapy
Paediatrics
Thoracic Surgery

It was decided that the paediatric and thoracic surgery appointments should be held during the second six months' pre-registration period. It had already been agreed that the genito-urinary house surgeon appointment should be second six months or post-registration.

This meant that only very few house officers have been able to complete their twelve months' pre-registration period at Guy's. Although spending six months in another hospital provides valuable experience, the lack of " second six months " house officers at Guy's has posed certain problems.

In December, 1968, a special meeting of the House Appointments Sub-Committee reviewed the arrangements which had existed during the two-year trial period, and in January, 1969, the Medical Committee approved a proposal from the sub-committee that each three months one general house surgeon and one general house physician appointment should be given to a candidate who had already held his first six months' appointment at Guy's; this recommendation will be implemented from June 1st, 1969.

Procedure for making House Appointments

Pre-registration house appointments at Guy's are made four times a year to commence March 1st, June 1st, September 1st and December 1st.

Posts for newly-qualified applicants are available as follows:—

June and December		*March and September*	
H.P.	4	H.P.	4
H.S.	3	H.S.	3
H.S. Orthopaedics	1	H.S. Gynaecology	1
H.S. E.N.T.	1	H.S. E.N.T.	1
H.S. Surgical Unit	1	H.S. Orthopaedics	1
		H.P. Radiotherapy	1

Applications for these appointments are considered strictly on merit. After the closing date the applicants are considered by a meeting of registrars, who place them in an order of merit. This is submitted to the House Appointments Sub-Committee, who make the final order of merit, especial importance being attached to "sign-ups." Candidates state their preference for firm and specialty on their application forms, and the top candidate on the merit list gets his first choice and so on until the available posts are exhausted.

Each three months one house surgeon, one house physician, one children's house physician and either one thoracic or one genito-urinary house surgeon's appointment will be available for a candidate who has already completed his first six months' pre-registration post at Guy's, although the paediatric and special surgical appointments are also open to candidates who have held their appointment elsewhere. Applications for these posts are considered on merit by the House Appointments Sub-Committee, who attach importance to both student "sign-ups" and testimonials from the consultants for whom the applicant has worked.

Post-registration and senior house officer appointments are made in the same way.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited from Fellows of the Royal College of Surgeons for the post of **Orthopaedic and Casualty Registrar,** with duties to commence 1st June, 1969 and appointment initially until 30th September, 1969, renewable for a further year subject to satisfactory service. The post will afford experience of plastic surgery and burns in addition to attachment to the Orthopaedic Department. Casualty duties involve the administrative supervision of the Casualty Department in conjunction with the Consultant in charge of the Department. Application forms are obtainable from the Superintendent, Guy's Hospital, and should be returned not later than **22nd April, 1969.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Senior Registrar** in the Radiotherapy Department with duties to commence as soon as possible and appointment until 30th September, 1969 in the first instance. Applicants should hold the D.M.R.(T.) A higher medical or surgical qualification would be an advantage. Forms of application are obtainable from the Superintendent, Guy's Hospital and should be returned not later than **23rd April, 1969.**

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **S.H.O.** in Clinical Pathology, with appointment *from 1st May, 1969 to 30th September, 1970.* Opportunities will be available for promotion to those wishing to make a career in Clinical Pathology. Forms of application are available from the Superintendent, Guy's Hospital, S.E.1 and should be returned not later than **26th April, 1969.**

GUY'S HOSPITAL

June 1st, 1969

Applications are invited for the following house appointments due to begin on June 1st 1969. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, Superintendent's Office, not later than **April 25th 1969.**

The following house appointments will be for six months and will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment.

House Physicians 4
House Surgeons 3
Throat and Ear House Surgeon 1
Orthopaedic House Surgeon 1
House Surgeon to the Surgical Unit 1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's.

House Physician 1
House Surgeon 1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere.

Children's House Physician 1
Thoracic House Surgeon 1
Genito-Urinary House Surgeon (or post-registration) 1

The following post-registration and S.H.O. appointments will be for six months.

Resident Obstetrician (post-registration) .. 1
Casualty Officers (S.H.O.) 3
Senior House Officer to Nuffield House (S.H.O.) 1
Resident Anaethetists (S.H.O.) 2

EVELINA HOSPITAL

Children's House Physicians (post-registration) 2
1 to commence 1.6.69.
1 to commence 1.8.69.

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) 1
preference given to second six months candidate.

House Surgeon (pre-registration) 1
preference given to second six months candidate.

Senior House Surgeon (S.H.O.) 1

NEW CROSS HOSPITAL

House Physician in General Medicine and Geriatrics (pre-registration) 1
preference given to second six months candidate.

House Physician in General Medicine and Geriatrics (S.H.O.) 1

Orthopaedic House Surgeon (pre-registration) 1
preference given to second six months candidate.

Orthopaedic House Surgeon (S.H.O.) .. 1

House Physician to the Rehabilitation Unit (S.H.O.) 1
to commence 1.7.69.

Outer Hospitals

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply:—

LEWISHAM HOSPITAL

House Physician to Dr. Price (pre-registration) 1
House Physician to Dr. Roberts (pre-registration) 1
to commence 16.6.69
House Surgeon to Mr. Lynn Evans (pre-registration) 1
House Surgeon to Mr. Williams (pre-registration) 1
to commence mid June.
Orthopaedic House Surgeon to Mr. France, Mr. Bingold and Mr. Monty (pre-registration) 1
to commence 14.7.69.

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Lessof and Dr. Bassadone (pre-registration) 1
House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner (pre-registration) 1
House Surgeon to Mr. O'Flynn and Mr. Fyfe (pre-registration) 1

ORPINGTON HOSPITAL

House Surgeon with Gynaecology (pre-registration) 1
House Surgeon with Physical Medicine (pre-registration) 1
House Surgeon with Orthopaedics (pre-registration) 1
House Surgeon with E.N.T. (pre-registration) 1

PEMBURY HOSPITAL

House Surgeon (pre-registration) 1
House Physician (pre-registration) 1

ST. JOHN'S LEWISHAM

House Surgeon (pre-registration) 1

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott (pre-registration) 1

P. J. HELLIWELL,
Superintendent

March, 1969.

PASS LIST

SCHOOL OF DENTAL HYGIENE

Certificate of Proficiency in Dental Hygiene

Miss Elizabeth Adams
Miss Mary Hodge
Miss Salome Leonida
Miss Marjan Meerwaldt
Miss Penny Thompson
Miss Anne Viola

PERSONAL

HOLIDAY JOB—Would suit pre-clinical female student—part-time relief receptionist, to assist permanent staff with firm 4 G.P's in S.E. London. Tel: 692 5443.

CHANGE OF ADDRESS

Miss J. Dungay, 24 Bramble Close, Hildenborough, Tonbridge, Kent.

Nigel and Juliet Gardner, Fordton House, Crediton, Devon. Tel: 03632 2608.

Mr. and Mrs. E. D. Y. Grasby, Fothersby West, Rye Road, Hawkhurst, Kent. Tel: Hawkhurst 3163.

Mrs. M. M. Hallam, S.R.N., 19a, The Esplanade, Ryde, Isle of Wight. (permanent)

A. W. Harris, Esq., B.D.S., L.D.S., F.D.S., R.C.S., Otway, Woodperry Road, Beckley, Oxfordshire. Tel: Stanton St. John 582.

Mr. and Mrs. T. W. Jamieson, Tower Flat, Kinnaird Castle, Brechin, Angus, Scotland. Tel: Bridge of Dun 248.

Mr. and Mrs. K. Kelly to Flat 3, 94/100 Church Road, Moseley, Birmingham 13.

Dr. R. H. S. Lane, Flat 1, Battle Hospital, Oxford Road, Reading, Berks.

Dr. R. N. Pearson, 28, Blenheim Gardens, Denvilles, Havant, Hants. Havant 5610.

Miss M. Phillips, 8 Castle Circus Court Ash Mill Road, Torquay, Devon.

Dr. R. E. Smith, Cobb Cottage, Mill Street, Warwick.

N. J. Taylor, Esq., L.D.S., R.C.S., Church House, Sissinghurst, Kent. Tel: Sissinghurst 346.

Dr. and Mrs. Keith B. Tyrer, 19 Colkett Drive, Old Catton, Norwich, Norfolk. Tel: Norwich 46244

Dr. and Mrs. A. S. Valentine, 304 Hudson Building, 414 Graham Avenue, Winnipeg 1, Manitoba, Canada.

BIRTHS

KELLY—On November 20th, 1968 at The New Birmingham Maternity Hospital, to Ken and Kathleen (née Harris), a daughter, Katherine Ann.

NORTON—On 18th January, 1969, to June (née Brett) and John Norton, a son, Richard John, brother for Anne.

PARKHOLM—On 15th March, 1969, to Barbara (née Simpson) and John, a little boy Clive Jan.

BIRTH

PEARSON—On 17th March, 1969, to Jayne (née Ablitt) and Ronald, a son, Mark Jonathan.

DEATH

PRITCHARD—George Percival (Ick), L.D.S., R.C.S. (Eng.), at his home "Shakespeare House", Welholme Road, Grimsby, on March 17th, aged 82, the beloved Godfather of Tony Watkins.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2107

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Student Nurses

One thing that one discovers very quickly on starting work on the wards, or on admission to Hospital, is that a Student Nurse is a student as no other student is. Her hours of working are longer, her subjugation is greater, and her remuneration is less than that of other students. The word remuneration is used to allow for comparison between Student Nurses' "pay" and the grants and allowances that most other, so-called full-time, students receive.

This remuneration used to be excused by allowing nurses to have free meals whilst resident, and when on duty if they lived out. This was an unsatisfactory arrangement and a new system has been recently introduced in which all nurses pay for all their meals as and when they eat them. A lump sum has been added to their pay to enable them to pay for these meals. There are two rates depending on whether the nurse is resident or not. The allowance has been worked out mathematically (and correctly, according to the *Gazette* adding machine) on the assumption that each resident nurse eats four meals a day for a total of 323 days each year—allowing for a total of six weeks' holiday each year—and, and this is the main stumbling block of the system, that meals are charged for at the standard rate set down by the Department of Health :—

Breakfast	...	1s. 8d.
Dinner	...	2s. 10d.
Tea	...	10d.
Supper	...	1s. 3d.

The system should, except for the point about holidays that is made by our Nursing Correspondent, work, providing that the charges for *meals* are kept to and there is no variation in the cost of meals

or a breakdown of a "standard meal" from which the various parts of the meal may be individually priced since this always leads either to a rise in the price of the total meal or a meal of miniscule proportions. Neither of these devices would be fair to the Nurses. If the Nurses are to be given standard allowances for meals then their meals must be standard size and price—a standard quality is always desirable but seems to be unattainable.

A New Inter-Hospital Stroll

After two very unfortunate fatal accidents to students taking part in the Brighton Stroll, the various Police Forces whose territory was crossed by the walkers decided that they could no longer sanction such a walk. That is why there has been no stroll for the last two years. A new stroll has now been instituted and the first one will take place on Saturday, 17th May.

The stroll will be across country along the original "Pilgrims' Way". It will cover a distance of 27 miles from Compton to Godstone, and the various road crossings will be well patrolled to prevent any further accidents. The route will go over Box Hill and will cross the A23 at Merstham. There will be prizes for the first male and female to arrive at Godstone, and an Inter-Hospital Competition.

The stroll is sponsored by Messrs. Guinness, Bovril and Medical Sickness and one supposes that their marketing managers have done their homework and are sure of the return in goodwill that their sponsoring the walk will ensure. The trouble is that that is likely to be the only return for all the effort that they and the walkers will expend on the walk. The motivation of the people on the walk has always been obscure, with mutterings about "character building", "because it's there" and "to test myself", but that's all. These comments pale into insignficance when compared with other strolls, marches and bridge crossings in which every participant has persuaded or bullied some local magnate or dignitary into sponsoring him or her to the tune of a certain sum for a specified charity for each mile completed or bridge crossed. There is no loss of fun, the distance is no less, the legs ache just as much but the whole thing has an atmosphere of being worthwhile, not just a pointless exercise in exercise.

Though many Medical Students seem to put their social consciences into abeyance until qualification in the certain knowledge that they will then occupy a position in which their social consciences will be extended to the full, there must be enough students aware of the needs of the world to organise some benefit for somebody from all this expenditure of energy. Perhaps it will happen next year, it would be nice to hope so.

Solved

It was obvious, really, how many people could have written it? Who else has that touch of humour in his writing? Who else *could* have written "Farcic", that foundling article left on the *Gazette* door-

step which we wrongly fostered onto Professor Trounce when we published it in February this year? Dr. Michael Simpson has now written—see correspondence in this issue—to acknowledge his article and to accept the accolade that the article has received. We can now add a name to our apology for the wrong attribution of the article. Sorry, Dr. Simpson.

The Directory

Mr. F. S. Warner has written to say that though the back-breaking task of producing the Directory of Guy's Medical and Dental graduates is complete, there have been some delays in the printing of the book (nothing to do with our *Kentish Times*—they are never late, bless them). It will, however, be despatched as quickly as possible.

Congratulations

We offer our congratulations to Mr. P. W. Lambden, a Dental Student at Guy's, on winning the Evelyn Sprawson Prize which the Royal College of Surgeons awards annually for the best performance in L.D.S.

Photographs

We omitted to mention in our last issue that the photograph of Mr. Ellis was taken by Mr. F. J. Pitts, and that he holds the copyright of the photograph.

GUY'S DIARY

APRIL

28 M. 1.00 Clinical Lecture. Mr. FAWCUS.
"Disorders of Communication."

29 Tu. 1.00 Clinical Lecture. Professor SIR HEDLEY ATKINS.
"The Consequences of Infective Material Leaking into the Peritoneal Cavity."

MAY

2 F. 1.00 Clinical Lecture. Professor BUTTERFIELD.
"The Future of General Practice."

2.15 Combined Round (Pre-Clinical Classroom). Chairman: Mr. G. BLACKBURN.

5 M. 1.00 Clinical Lecture. Dr. WELLS.
"Genes and the Skin."

6 Tu. 1.00 Clinical Lecture. Dr. HIGGINS (Head of Department of General Practice).

8 Th. 1.00 Clinical Lecture. Dr. HARDWICK.
"The Medical Aspects of Life Assurance."

9 F. 1.00 Clinical Lecture. Mr. BRAIN.
"Diffuse Pulmonary Disease."

2.15 Combined Round (Pre-Clinical Classroom). Chairman: Dr. JOINER.

NEW CONSULTANT APPOINTMENTS

Mr. Ivor Broomhead

Mr. Broomhead has been appointed Consultant in Plastic Surgery to Guy's Hospital.

His medical training commenced at St. John's College, Cambridge, and was completed at University College Hospital, where, after qualification in 1948, he held house appointments. Following a brief period as University Demonstrator in Anatomy in Cambridge, he returned to University College Hospital and continued in general surgery through the registrar grade to the post of Resident Assistant Surgeon.

He was awarded the Marmaduke Shield Scholarship in Anatomy and was a Major Scholar during his time in Cambridge. Having entered University College Hospital as Goldsmid Scholar, he was also awarded the Magrath Scholarship. In 1954, Mr. Broomhead gained his F.R.C.S., and in 1958 the M.Chir.

His interest in Plastic Surgery led him to the conjoined post of Senior Registrar in Plastic Surgery to St. Thomas' Hospital and The Hospital for Sick Children. Working at this hospital has fostered interests in many facets of paediatric plastic surgery, particularly those of cleft lip and palate and burns in children.

Mr. Broomhead is also Honorary Secretary to the British Association of Plastic Surgeons.

Mr. Alan Yates

Mr. Alan Yates has been appointed Consultant in Thoracic Surgery to Guy's Hospital. He qualified, M.B.Ch.B., with honours, in 1957, at Sheffield University Medical School, being awarded the University Medals for 2nd M.B. and final M.B., Gold Medal in Pathology, and prizes in Medicine, Surgery and Anaesthetics.

Following house appointments in the Sheffield University Departments of Medicine and Surgery, he completed National Service as Clinical Officer in Surgery at Gibraltar Military Hospital. He gained his general surgical training at Bristol University and Sheffield United Hosptals.

He gained his F.R.C.S.(Eng.) in 1963. His subsequent training in thoracic surgery was in the posts of Surgical Registrar to the Sheffield Cardio-thoracic Unit and Senior Surgical Registrar to Guy's Thoracic Unit.

He was appointed Consultant Thoracic Surgeon to the Sheffield United and Regional Hospital Boards in 1968.

His main interests and research have been involved in heart valve replacement, post-operative intensive care and supportive perfusion, on which he has lectured at the Lister Symposium of the Royal College of Surgeons, Scandinavian Thoracic Association in Stockholm and French Thoracic Association in Paris.

Having been an international water polo player, he has taken an interest in the physio-mechanics of swimming.

CHALONES II

by

M. D. Alexander

Mitotic cycles in all mammalian systems studied have appeared to be identical and so are the phases of the ageing pathway. There must be a general mechanism controlling cell loss and production to which is attached a tissue-specific mechanism controlling function. It is reasonable to suggest that the genes controlling mitosis exist in a single mitosis operon controlled by an operator gene. This operator may be under the control of a repressor molecule produced by a regulator gene and this repressor may be inactive in the absence of tissue chalone. A difficulty arising from this is that the mitosis operon together with its operator must be common to all types of cells, whilst a chalone is tissue-specific in its actions. One solution is that the inactive repressor molecule is produced by a regulator gene whilst the chalone is a double molecule, part produced by an effector gene and part by a tissue gene. In this situation both the repressor molecule and the effector molecule are the same in all types of tissue. It is supposed that the repressor molecule cannot escape through the cell wall and that the effector molecule is not free, but immediately combines with the tissue-specific composite chalone molecule. This composite molecule is tissue-specific and can pass through the cell wall which is also tissue-specific. In this system the effector half of the composite chalone could be regarded as being derived from that general effector which controlled mitosis in the protozoan ancestor. Tissue specificity may have been achieved in the earliest metazoans simply by adding a tissue-specific component to control passage through tissue-specific cell walls. The repressor is activated when combined with the composite chalone and thus inhibits the mitosis operon which shifts the cell towards function and simultaneously inhibits the ageing operon.

The composite chalone thus consists of an active region and a "handle" region : this raises the possibility of chemical similarity between the various tissue chalones. Evidence as yet is still inconclusive, but certainly suggestive.

Fig. I.

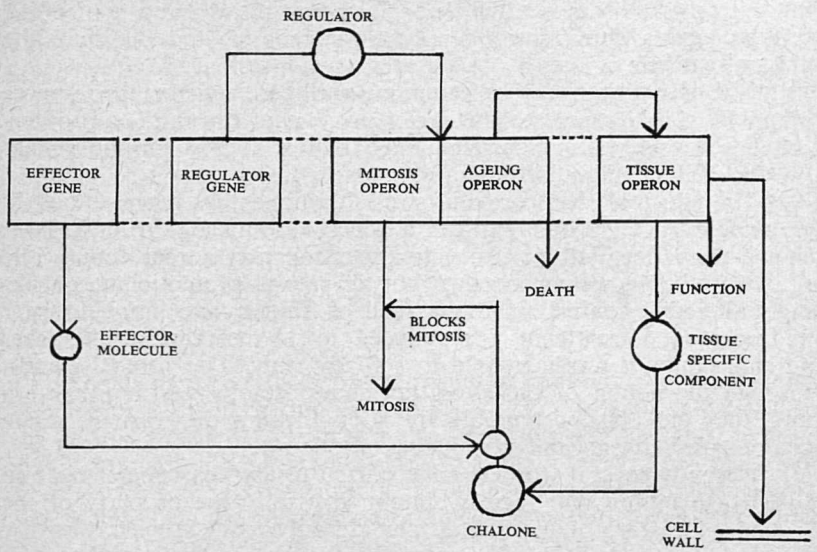

Fig. 1.—In mitosis, control of tissue specificity is enhanced by chalones which are formed by the combination of a tissue-specific component with an effector molecule. Specificity is also conferred by modification of the cell wall. Activation of the ageing operon leads first to tissue function and ultimately to death.

It now appears probable that all metazoan tissues that retain the capacity for mitosis are dominated by tissue-specific homeostatic mechanisms within which tissue-specific chalones evidently act as chemical messengers. These mechanisms must obviously be liable to damage, both inherited and acquired, and if as a result there is a significant alteration in the balance between cell production and cell loss, then a local overgrowth or cancer could be one of the possible consequences. Recently it has been determined that carcinogenesis can be the outcome of a local breakdown in tissue homeostasis and that this breakdown involves changes in gene activity. What causes the breakdown to initiate cancer is still controversial, but two theories have been proposed. One is that it is a result of extra-chromosomal damage, and the other that it results from somatic mutation. It should not be omitted that carinogens need not be mutagenic agents, but that gene damage can occur as a result of a series of cellular repercussions. The nature of carcinogenic promotion, after the initiation is very variable. It can be rapid or in some cases slowly acting and in some degree reversible. Initiation and promotion appear to be quite different processes.

With increasing age, gene damage may tend to accumulate in most, if not all, tissues and if in any cell the pattern of gene damage is appropriate then carcinogenesis may occur. This process may be

enhanced by the presence of carcinogens and augmented by inherited gene weakness. To be of importance in carcinogenesis the damage must involve those genes which by initiating mitosis and controlling cellular ageing determine the number of cells in, and therefore the mass of a tissue or organ.

One aspect that may be common to all carcinogenic appearances might be gene damage to the region coding for the intra- and intercellular messengers, in particular the region coding for the tissue-specific chalone might be damaged.

The effect of glucocorticoid stress hormones has been studied in carcinogenesis. By studying carcinogenesis in mouse skin it has been shown that after hydrocortisone treatment or after adrenalectomy the rate of initiation was unchanged, but the rate of promotion was strikingly altered. Against a tumour yield of 77 per cent, the yield after hydrocortisone treatment was reduced to 11 per cent, while after adrenalectomy it was increased to 100 per cent. The adrenal glands, through the action of the stress hormones, act to retard promotion and they do this presumably by strengthening the various tissue chalone mechanisms and so reducing mitotic rate.

Recently several workers have started to use chalone *in vivo* and *in vitro* to inhibit and regress tumour growth. One property of the chalones already isolated is that they are only tissue-specific, they are not species or group specific—so pig skin chalone will control mitosis in cod epidermis or mammalian (rabbit, hamster) epidermis. V x 2 rabbit epidermal tumour, *in vitro,* was reduced by 30 per cent on addition of pig epidermal chalone, adrenalin and hydrocortisone. The workers have shown that tumour cells produce chalone, but at an abnormally low level, reconstituting the concentration to a normal level causes reduction of tumour size by reducing the mitotic rate.

Some exciting results from *in vitro* experiments have recently been published : Harding-Passey melanomata were transplanted into mice and amelantoic melanomata transplanted in Syrian hamsters. Tumours in both animals grew to the size of large cherries. Injection of partially purified chalone daily for five days caused the tumours to become soft and necrotic, they then regressed and finally disappeared. High doses of chalone extract proved to be toxic, partly due to impurities and partly to the speed and massive scale of resorption of tumour proteins. With this biological approach to carcinogenesis the progress in therapy might now take a great step forward.

Chalones in their properties reflect the evident uniformity of the DNA-RNA language. Gene control is one of the most important biological problems. It appears that the same kind of mechanisms effect gene control in all types of cells and genes are activated or inactivated in response to chemical messengers which travel within and between cells. In a eukaryote cell gene activation seems always to depend on the formation of a region of unwound DNA, the binding of RNA polymerase to this region, etc., up to the detachment of a mRNA molecule. Uncoiling of the DNA and its separation from chromosomal histone seem essential. Histones were thought to be the basic gene control mechanism but recent results suggest that this is not the case. It is probable that genes are activated or inactivated

by non-histone chemical messengers including chalones. Since a multicellular organism originates as a single cell, the production of a new individual depends on cell multiplication and on embryonic tissue differentiation. Such differentiation is the outcome of a complex pattern of gene activation or inactivation which is dictated by the sequential responses of the genes to an array of specialized chemical messengers known as "inducers" and "repressors". After the stable differentiation of the tissue cells has been established each cell commonly retains two alternative potentialities. The choice between them is made evidently in terms of the concentration of a tissue-specific anti-mitotic chalone, although other messengers must exist, as yet unreported. Recently the terms mitotic control proteins and tissue coding factors have been used to describe differentiation at the cellular level: these terms presumably describe chalones and the mitosis or tissue function operons.

Tissue mass, in typical animal tissues, is maintained by the balance between rate of cell production and loss; it is powerfully influenced by the genetic effects of the changing concentrations of chemical messengers, especially chalones within the tissue and within the total body spaces. This is the mechanism of cellular homeostasis. All animal tissues are evidently constructed on the same pattern, even cells which have lost their power of mitosis or, like the uterus, have become hormone dependent. All types of cells follow the same route along the mitotic cycle and along the ageing pathway to death and it is only as they traverse this pathway that their functional genes are activated. Tissues differ from each other in two basic particulars : (1) their balance between cell production and loss (chalone dependent), and (2) the type of functional genes that are activated.

The difference between tissues are in detail only, the similarities are immense. The pattern of tissue organisation must have been established in the earliest metazoans and the evolution of tissues has not involved any change in this basic pattern.

[This essay is based on the work and ideas of Professor W. S. Bullough.]

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SHAKESPEARE : His Bawdy and his Beauty

by

G. L. Davies

" The stodgy insensitive bust in the Church at Stratford, and the dreary constipated dullard of the Droeshont portrait, cannot be true either to Shakespeare the actor, or to Shakespeare the author." (Ivor Brown).

" With the single exception of Homer, there is no eminent writer, not even Sir Walter Scott, whom I can despise so entirely as I despise Shakespeare, when I measure my mind against his." (Bernard Shaw).

Tolstoy considered that anyone who thought anything of Shakespeare must be suffering from delusions.

Voltaire thought *Hamlet* "a rude and barbarous piece, composed by a drunken savage."

According to Bernard Shaw, Shakespeare dealt in bawdy because he considered himself as belonging to the upper classes from which our public schoolboys are drawn, and Shaw had a very dim opinion of public schoolboys. Robert Bridges put the blame for Shakespeare's bawdy on the audience, and Bernard Shaw upon the odious habits of the English nobility. As a matter of fact, no one in his own day censured Shakespeare for grossness. There was bad behaviour at the plays even by the gentry. "According to Ben Jonson, people approved of nothing. They made faces and spat and cried 'filthy', 'filthy.' The dramatists, on the other hand, used to rail against the 'stinkards' and the 'rout of niffles' who turned down their plays."

"Was there ever such stuff as a great part of Shakespeare, only one must not say so"? said George III.

" What! is there not sad stuff? What? What?" he barked at Fanny Burney.

The composer Berlioz, on the other hand, had a devoted admiration for Shakespeare and, in composing his melodious symphony, *Roméo et Juliette*, maintained that the love of Roméo and Juliet for each other was better expressed in music than in any form of words.

Only a few days ago I read somewhere that one, Eric Partridge (I know him not, I fear) has brought out a new edition of his "Shakespeare's bawdy." But I shall not read him. There is enough bawdy in the world today without resurrecting that of the 16th and 17th centuries.

As a young man, reading Shakespeare, I sometimes, much against my will, asked myself if Shakespeare really meant *that,* and was eventually driven to thinking that he really did mean *that.* In the same sort of way whilst listening to some of Tchaikovsky's music, I was driven to the conclusion that some passages here and there were, musically, just bathos, and that sometimes, immediately after a passage of exquisite beauty. Inspiration no doubt would leave Shakespeare, as it did Tchaikovsky, quite suddenly, and the gap would be filled up with something that was quite unworthy of them.

Those who seek to know more about the unpleasant side of what Shakespeare wrote must search those plays in which Shakespeare gave vent to his emotions about his ill-starred love affair, and particularly to the dark lady of the Sonnets, as she is usually referred to, and to *Timon of Athens* and *Troilus and Cressida.*

I would not wish to go searching for these in case I might be suspected of being like the old lady (the usual "old lady"), who, in congratulating the compiler of a new dictionary, complimented him on not having put in "those nasty words." There is ample beauty in Shakespeare to make us forget all about his bawdy. My first attendance at a play of Shakespeare still lingers in my memory. It was a visit to see *As you like it* in the early years of the century at His Majesty's in the Haymarket. Under the guidance of our Form Master, we trooped up the Haymarket one afternoon in a bunch. The part of the heroine in Shakespeare's day was always taken by a boy so that the nauseating, embarrassing close-up spectacles on the screen which we have to witness today hadn't been thought of.

How many people read Shakespeare today? We learn that "Shakespeare's friends" live in Korea, Japan, Africa and Europe, and, in a small market town at Christmas time I saw a pile of complete volumes of Shakespeare on the counter, printed, incidentally, in Czechoslovakia. When I returned the following week with some small change in my pocket, they had all been sold, but were replenished the following week. A new status symbol in America appears to be the purchase of a square foot of earth in a field at Stratford-on-Avon, and the removal of a spoonful of the earth to their homes in the United States. There is one canard put about by people who have no love for literature, and Shakespeare, least of all, and that is that, having to study a play of his at school, they hated anything to do with him ever afterwards. Such people, we know, exist, and we have to put up with them; but, to many people, having to "do" a play of Shakespeare at school introduced them to a "master-mind" which filled them with increasing wonder and enjoyment as the years went by. Speaking for myself, each time I read *Hamlet* I am amazed that so much beauty of words escaped me on my previous reading. Allow me to make a few quotations. Shakespeare is so vast a subject that we can only consider a minute fraction of him at one time. How many competent literary historians would give their ears, shall we say, to be able to write even a modest *original* chapter on some aspect either of Shakespeare or his work. But all that is known about Shakespeare has been well raked-over time and time again. In the meantime let us consider these gems, these "jewels, five feet long",

from *Hamlet*, and which have passed into the current use of our language. It is usually Hamlet who is the speaker:

(a) "What a piece of work is man. How
Noble in reason, how infinite in faculties,
In form and moving how express and admirable . . . etc."

(b) "The play's the thing"
("Wherein I'll catch the conscience of the king").

(c) The familiar
"To be or not to be" and the following thirty lines ending with
"Is sickled o'er with the pale cast of thought."

This is Shakespeare at his greatest, and every sentence almost has passed into the language.

(d) "Thus conscience makes cowards of us all."

(e) "Hoist with his own petard."

(f) "Our withers are unwrung."

(g) "Lay not that flattering unction to your soul."

(h) "Alas poor Yorick! A fellow of infinite jest," etc.

But why go on? Merely for the pleasure of reading the play, all these treasures become one's own.

And what of the man Shakespeare himself, discounting all the claims of the "Anti-Stratfordians" that all sorts of people except Shakespeare himself wrote his plays—Bacon, the Earl of Pembroke and the Earl of Southampton for instance. Contemplating the fat tome which a complete volume of Shakespeare's Works exhibits, one has misgivings that that little man from Stratford could have done all that himself. And yet many of his contemporaries bear witness to him and his work—Ben Jonson, Marlowe and others.

Shakespeare left Stratford in 1586, three years after his marriage to Anne Hathaway, who was some seven years his senior in age. Until 1592 nothing is known of him. During this time various occupations are ascribed to him, but this was the time when he was getting experience in London as a sort of literary hack, touching up other people's plays and acting as a sort of "Johannes factotum", as it was said, until he started producing his own masterpieces from 1592 onwards. For about ten years Shakespeare appears to have been plunged into some state of gloom which was reflected in some of his plays. These are the years when the affair of the "Dark Lady of the Sonnets" presumably engrossed his mind with its "love-hate" complex, and during which time some of his grimmest tragedies were written, e.g.:

Macbeth
King Lear
Hamlet
Othello
} 1600-08

After that, "calm of mind, all passion spent", he wrote *The Winter's Tale* and *The Tempest* amongst others. Though accused here and there of being a gross sensualist, this seems to be doubtful. He was incidentally a hard-headed business man and saved enough money to buy both house and theatrical property, e.g. The Globe and The Blackfriars theatres, and he was the owner of the best house

in Stratford at a time when he was living in lodgings in the licentious quarter of Bank Side in London. Aubrey, who wrote some account of him after his death, makes him out to be temperate, and said he would often make excuses not to go out to some party or the other owing to some mysterious and convenient "pain." Anyway, even a rabid teetotaller doesn't disdain a glass of sherry now and again!

He was evidently kindhearted and was often referred to as "Gentle Shakespeare" or called "Dear Mr. Shakespeare." He disliked cruel sports such as bear-baiting, and refers to "poor Wat" the hare, and would take a longer route rather than have to watch prostitutes being whipped outside Bridewell. He suffered much personal grief in the loss at 11 years of age of Hamnet, the twin brother of Judith his daughter. He died in his fifties at his home in Stratford.

Of all tributes to Shakespeare, I like best that of Matthew Arnold, and, though I have quoted him on a previous occasion, I must take leave to do so again in part.

"Others abide our question. Thou art free.
We ask and ask—Thou smilest and art still,
Out-topping knowledge. . . .
And thou, who didst the stars and sunbeams know,
Self-school'd, self scann'd, self honour'd, self secure.
Didst tread on earth unguess'd at—Better so!

All pains the immortal spirit must endure,
All weakness which impairs, all griefs which bow,
Find their sole speech in that victorious brow."

NOTICES

Guy's Hospital Society

Bournemouth and Wessex

The informal Summer meeting of the Society will be held on Wednesday, 25th June, 1969, at the Skyway Hotel, Southampton.

Members will be circulated later, and any local Graduates not already members of the Society should contact: P. J. Attenborough, 65 Wellington Road, Bournemouth.

Music Club Dinner

The Music Club Dinner will be held on Thursday, May 22nd, at "The Griffin Grill," Villiers Street, Charing Cross, at 7.30 for 8.0 p.m. The cost of the meal will be 27s. 6d., which includes the service charge. All are welcome.

Tickets are available on application to Mr. Nigel Harradine, East Wing, Guy's Hospital.

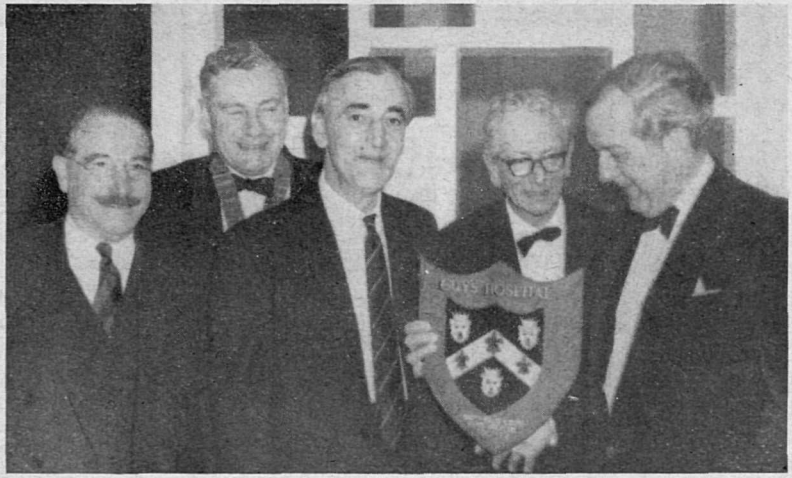
Guy's Hospital Society

South Wales and Monmouthshire

The 18th Annual Dinner was held at the Park Hotel on Saturday, 8th March, 1969, after the Wales v. Ireland International Rugby Match at the Cardiff Arms Park. Although the alterations to the Arms Park reduced the number of tickets by half, the attendance was still good and was a great success.

Professor Butterfield was the guest from Guy's. Dr. W. B. Webb was installed as President and Mr. Eric Lewis was elected the President-Elect.

It has been decided to endow a prize to Guy's to be called the Dr. T. J. Evans Prize, and donations from the local society will be appreciated if sent to Mr. G. Morwent Brown, 15, Seabank, Esplanade, Penarth, CF6 2AR, the Hon. Secretary.



Photographic Society Competition

The Photographic Society is holding a competition and exhibition in the Gordon Museum during the fortnight commencing Monday, 12th May. Copies of the rules may be obtained from the Secretary of the Society.

N. R. Winter, Hon. Secretary.

Pupils' Physical Society

The Society has "taken-over" the Clinco-Pathological conferences of the Department of Surgery. The first meeting of this type will be held on Thursday, 1st May, at 5.30 p.m. in the Clinical Theatre.

The panel will include, Mr. Max Rendall, Mr. Donald Gibb, Dr. John Raven and Dr. Alan Stevens.

Two cases will be presented:—

(1) Indications for Splenectomy—Gaucher's Disease;

(2) Oral neoplasia.

Medical and Dental Students, Staff and Nurses are invited to attend.

THE HUME KENDALL TRUST

Information has now been received that the application for the Hume Kendall Trust to be established as a charitable trust has been successful. Following some preliminary meetings to discuss the formation of the Trust, a deed was drawn up by the Hospital Solicitors and completed by Dr. Charles Baker and Dr. Kenneth MacLean as the "original managing trustees" to hold office for one year. They will then be succeeded by a body of trustees consisting of: The Dean of the Medical and Dental Schools, the Dean of Dental Studies, the Medical Superintendent, the Chairman of the School Council, the Chairman of the Medical Committee and two persons nominated by the School Council and the Medical Committee respectively. In addition, the original managing trustees and the body of trustees named in the trust deed have power to co-opt additional trustees and at the preliminary meetings it was decided to invite Mr. A. E. Orchard-Lisle, Vice-Chairman of the Board of Governors, and Mr. G. L. M. Croll, an old family friend of Patrick Hume Kendall and one of his executors to act as additional trustees, and both have agreed.

Subscribers will continue to be notified of the progress of the Trust personally and in the "Guy's Hospital Gazette", and may like to know that in establishing the Trust and in managing the Fund the trustees are being assisted by and are greatly indebted to Mr. E. Warburton, Chief Accountant to the Hospital.

The Trust has been founded as a memorial to the late Hume Kendall and, as a charitable trust, the Trustees have discretion to use it widely for the education of the sons and daughters of members of the medical and dental professions. Naturally, their first duty will be directed to the education and needs of the three Kendall sons for this was the object of the original appeal and the reason why the initial response has been so wide and generous.

To date, donations amounting to £4,468 3s. 6d. have been received and, in addition, some 90 people have covenanted or indicated a wish to enter into a deed of covenant to donate a specified sum for seven years. These covenants, together with the tax recoverable, will ensure to the Trust an income of approximately £1,100 over each of the next seven years.

Now that the Trust is established as a charity, full tax-relief on covenants and interest on investments can be obtained, so that it is hoped that this will encourage further contributions and covenants. This will mean that the Trustees will not only be able to fulfil their first obligation but that this memorial to Patrick Hume Kendall will continue as a Trust, administered by Guy's, to help other professional families.

Those who wish to contribute or covenant can obtain the necessary forms from Dr. Charles Baker, The Hume Kendall Trust, 11 St. Thomas's Street, London, S.E.1, or Mr. E. Warburton, Chief Accountant, Guy's Hospital, London, S.E.1.

The Homecoming—A Review

L. to R.: **Joey (A. Wozniac), Ruth (Jean Burfoot), Sam (R. Tudor-Williams), Max (A. Blinkhorn).**

The Theatre Club's March production of "The Homecoming" by Harold Pinter was an outstanding success. This is a difficult play with many opportunities for disaster but the actors and producer sailed through it all as though such problems did not exist.

The play is one of family mayhem an oedipal convolutions in, specifically, North London. In a seedy house lives Max, a retired butcher, two of his sons Lenny and Joey, and his brother Sam, a cab driver. Max is a senile version of what he proudly claims was "the best hated man in London". Lenny, dangerous and sardonic, deals with Max's outbursts of spite and sentiment with no difficulty and can devastate any comer with one hand behind his elegant back. It is largely through Lenny that Pinter creates a recuring air of unspecified menace. Joey is a grunting, chewing shadow-boxer, who reads comics and grabs a girl if she is put in front of him. Sam the cabbie is different. He is a normal dull North Londoner. He, of course, seems grotesque among his outlandish relatives who have already established their own brand of logical anarchy on the scene.

Home comes their eldest son Teddy who, believe it or not, has become a Professor of Philosophy in America, and has married an English girl, whom his family have never met. Teddy is bookish, timid and justifiably anxious of the effect of his family on his beautiful, enigmatic wife Ruth. He need hardly have worried for Ruth is cooler and harder even than Lenny, and rapidly makes her mark on the family circle by taking on both her brothers in law on an erotic footing. Max is outraged at this but, characteristically, alarmed that his boys may be merely being teased after all. Lenny it seems is a pimp and proposes to put Ruth to work up the West End, with favours for the family as part of the deal. Ruth accepts coolly and drives a hard bargain. Teddy retires placidly, presumably Ruth has produced similar scenes on the campus and is now lost to him. Sam the cab driver is scandalised and has a heart attack shortly after bursting out that Jessie, Max's dead wife, was also a part-time prostitute in her day.

The play ends with Max desperately pleading for minor sexual favours from Ruth, who looks calmly to her future.

As I said, the chances for catastrophies in a play of this kind are everywhere. But John Stephens produced a tight and absorbing performance in which menace was never outweighed by comedy and the messages came over very clearly. He was extremely lucky in his cast of course. Anthony Blinkhorn as Max had the central and most difficult rôle as the changeable, hateful old man. The first impression of Max was another Alf Garnett, but this rapidly gave way to a more complex and interesting interpretation of great theatrical power. Lenny, in contrast, is entirely consistent and Robert Mackay had the triumph of the evening. His performance was a faultless blend of cool humour and unmistakeable threats with the natural timing and effort that comes of hard work and not just talent alone.

Teddy (B. Dick) and Lenny (R. Mackay).

Jean Burfoot was no less successful as Ruth. Her mixture of calculation and intense sensuality was beautifully done and even kept the low-belly-laughter quiet, which was a difficult task as the night went by.

Andrew Wozniak had a marvellous time as Joey and resisted what must have been immense temptations to go overboard and goon it to death. Brother Sam was essentially colourless compared with his family and this was an orthodox and competent piece of work by Robert Tudor-Williams. He did seem at a loss in his sparring with Max in particular, but overall his fussy complacency was well-judged. Bruce Dick as Teddy did not quite pull it off. He acted just too young, even for an American Professor of Philosophy, and his timidity was a compound of distracting mannerisms—in particular an infuriating mincing walk.

Jonathan Mackay did a most professional job on designing the single set and his backstage work and lighting was as efficient as we have come to expect now in Theatre Club productions.

This was a really enjoyable evening at the theatre and within the tradition of the adventurous Theatre Club.

Christopher Mallinson.

NURSING SECTION

What Price Eating ?

April 1st has come and gone—but who has been fooled, or who is fooling whom? As already discussed in this section, the "pay as you eat" scheme was recommended for implementation on April 1st, and, as the British public now know, some hospitals and groups have dutifully gone ahead as directed in the Whitley Council Circular No. 148.

Fortunately, for the majority of us at Guy's, we still continue to feast with impunity until later this year. One can be grateful on this occasion that the finance department, as in other hospitals, is providentially finding the change over not all that easy to inaugurate. However, our student nurses seconded to another unit have already had to face the reality of "pay as you eat", namely being out of pocket; in order to satisfy their normal healthy appetites, they have found the cost of subsidised meals more than healthy appetites, they have found the cost of subsidised meals more than their allowance of money permitted. They have made their voice heard in the Press, as have other student nurses; one can only hope that those in whose power it lies to do something to amend this situation will listen to these nurses and others who have had the courage to speak up and protest in a seemly fashion.

In the meantime, before this scheme is universally adopted, perhaps someone at the Elephant and Castle would issue a directive on the costing of meals and items of food and thus clear up the anomalies which exist at present. If one reads the professional journals and national press it would seem that from the pens of responsible and authorative people varying amounts for both daily and weekly allowances are quoted, as well as the basic cost of a day's food. The only consistent fact seems to be the allowance of £106 per annum; how this is apportioned is the variable factor at the moment. If this sum of money is divided by 52, is the resident student/pupil nurse to be given her food pocket money for her holiday weeks, together with rebate for her lodging? If, on the other hand, this allowance is divided by the total number of weeks in residence—48—the weekly amount will differ between a second and third year student nurse, as the latter have an extra week's holiday. Surely their appetites are not statutory, too.

If any of our well-know restauranteurs were to vary the price of their famous "cuppas" or meals from restaurant to restaurant, the public would soon be up in arms and probably a question would even be raised in the House. One can only hope that with continued publicity this situation will soon be resolved and that our nurses will be able to enjoy their meals with solvent satisfaction.

CORRESPONDENCE

The Shortage of G.Ps.

SIR,—We hear a lot in the national and medical press about the scarcity of entrants into general practice. My partners and I can confirm these reports, for we have been looking for a new partner for three months and have had no suitable applicant. This compares with eight years ago when we had more than thirty applicants and three years ago when there were twenty.

We know that junior medical staff are disenchanted with hospital conditions. Do they realise what a golden opportunity lies in wait for them in general practice. Quite apart from the financial aspect where he can expect, on entry into practice, a salary greater than that received by a maximum part time junior hospital consultant: the modern practitioner working in a partnership with a general practitioner hospital and obstetric beds and all diagnostic aids can practice medicine of a very high standard. He is independent and can practice family doctoring in the true sense, and yet he knows that for holidays and for off duty, his practice will be well cared for by his partners.

In spite of all this, there is a scarcity of entrants into practice. Is this because newly-qualified graduates are ignorant of the opportunities of practice. Do they still see this important branch of the medical services as depicted by Drs. Cameron and Finlay. If so, is this not the fault of the medical schools?

Mr. Goodliffe tells me that the Appointments Bureau is having fewer and fewer doctors wishing to enter the speciality of general practice. In the words of the song, "Where have all the young men gone?"

Is it not time that Guy's took a census of all the graduates over the past ten years to see in what sphere of medicine they are practising.

Needless to say, any doctor under thirty wishing to enter practice in Surbiton may apply for further information to me.

Yours, etc.,

C. J. ROWLAND.

1, Woodlands Road,
Surbiton, Surrey.

One article in search of an Author

SIR,—I was interested to see in a recent edition of the *Gazette*, my article "Farcic", attributed to Professor Trounce. I can hardly think of anyone I would rather see it attributed to, but wonder if Professor Trounce would welcome the responsibility. I hope he has not had to deal with too many Americ anim's, very critic of your diabolic mistake.

Yours, etc.,

MICHAEL A. SIMPSON, M.B., B.S.

London, W.8.

All this and Ice too

SIR,—I have just spent five weeks in the Nurses' Sick Room, and I wondered if you would allow me to express my deep and sincere thanks to all who helped me during this time.

Dr. Houston, Dr. Joiner, Sister Marvin and the nurses gave me the best possible professional treatment and everything was done to make me comfortable and happy. Even my tray was beautifully set, and details like ice cubes in the drinking water made all the difference in the world.

Only on rare occasions in my life have I been waited on, and never before with such kindness and concern.

Yours, etc.,

TERESA MAHON.

Guy's Hospital,
London, S.E.1.

SPORT

As the Rugby season totters to its close in Guy's, it would be useful to consider the Club's policy toward the length of the season. This last year has seen great variations in the Club's fortunes. Some notable successes have been intermingled with several less satisfactory performances. This last term has seen the failure in the Cup, while later the U.H. 7's and Dental 7's have both been won. It would seem impossible to retain interest in the Club for a full season, the first team against O. Whitgiftians was much depleted by injuries, and the counter-attractions of international matches and weddings, and hence a very unfortunate loss was recorded. This is part of the lot of a hospital side, where the closed club system requires use of all available talent of all ages, and it is difficult to contact and persuade pre-clinical students back to the hospital in their vacations. Similarly more senior students have rival calls on their time for examinations and the odd fortnight's holiday.

The ideal would be to re-arrange the fixture list, giving the harder games dates during term-time and leaving vacations for minor first team matches. Perhaps it would be wise to leave Christmas free of matches for three weeks or so. Over last Christmas the second team captain had great difficulty in obtaining a side for several games. A few more convivial games could be organised, requiring a little less effort for the team selectors. However, the fixture lists for the Club are allocated three years in advance, and with the unwillingness of the major clubs to reorganise to suit Guy's convenience, there would be great difficulty in obtaining any such change.

Some change must be made soon, however, as the traditional belief in medical students as beer drinking rugby hearties, no longer holds quite as true as twenty years ago. There are many other rugby playing people who can apparently give freely of their time to rugby, in preference to all other activities, including work. Some of the last year's British Lions team will have come back from South Africa and played a full season's rugby at home, before setting off on either the Welsh Tour to Australasia or the Barbarians' Tour to South Africa. This single-mindedness of purpose does not hold true for the hospital player, who plays a lot of rugby each year, for hospital, U.H. and county, and not surprisingly becomes rather stale by the end; especially with thoughts of exams (and other things) looming.

The overall strength of the fixture list must not suffer, as these stronger games are important for the prestige of the Club, and are looked forward to by the players. So it would seem the best solution to shorten the season and encourage more active participation for this lessened period.

RUGBY CLUB

U.H. 7-A-SIDE TOURNAMENT

Wednesday, 2nd April.

Guy's entered two teams for the annual seven-a-side tournament, and relied heavily on speed in the selection of the two teams. However, the second VII lost in the first round to a St. Thomas' 2nd VII who played together from the start, and established such early superiority as to demoralise the opposition. The 1st VII had a bye in the first round, and in their first game, against St. Barts II started slowly but were comfortable winners 21-0. The semi-final was against The London and Guy's were forced into their best form in coming out victors 16—5 Price scoring two tries. The final was against St. Thomas' I and it contained some excellent 7-a-side play from both sides. The first half was very even and the score was 8—8 at half-time. The turning point in the match came immediately after half-time when Morgan scored a superb 70 yard try. After this the game was opened up by Guy's and they ran out winners 21—8.

The afternoon was notable for the excellent 7's play of the Guy's first team, who were the only side to adapt themselves fully to the fast type of game necessary. Ross the Captain of the side, played very well scoring two tries in the final in spite of a torn medial knee ligament which will prevent him playing for the rest of the year. Novak and Elliott were the highest scorers of the day. TEAM: I. Morgan, J. Price, J. Ross, D. Elliott, C. Neville, D. Lewis, J. Novak.

In the Esher 7's on Wednesday, 16th April, depleted Guy's team lost 8—3 in the first round to Rosslyn Park.

The Dental Society sent 4 teams to the annual Seven-a-side tournament, which this year was held in Cardiff. The 1st VII won the tournament in fine style with R. Barough being the outstanding player of the day. In the final they beat Queen's Belfast last year's winners 6—3. A full report will follow later.

TEAM: C. Neville, D. Lewis, P. Williams, D. Merrett, R. Barough, R. Burt. J. Cunliffe.

GUY'S v. CAMBRIDGE

At H.O.P., Saturday, 28th May, 1969.

Result: Drawn 9—9.

The game with Cambridge presented several interesting features, but with rugby football not too significantly amongst them. For John Davies, the game was to mark his 250th appearance for the Hospital first XV, and he must have hoped for a more exciting occasion. His contribution to the club on the field may have been equalled by only few players previously, and it stands to his credit that his performances have been considerable not just in quantity, but in quality as well. His dedication to the game has been a fine example to others for many seasons. Other points of interest were to find a guest player in the Hospital's XV in Tim Rutter at centre, with Ken Kennedy at wing forward, because of the unavailability of several players. These changes were offset by the presence of Peter Swift, formerly with Guy's, at scrum half for the opposition, and a present member of the Hospital, Alan Scourfield, substituting for a Cambridge absentee.

As for the match itself, play that started off as a matter of some urgency and direction, soon petered out into an indeterminate affair. With two well-accomplished full backs on the field, both sides tended to over-kick in attack and waste their advantage. Running movements seemed often too orthodox from the tight piece, and very little worthwhile loose possession was obtained. At other times, mishandling let down both sides. For the Hospital team in particular there seemed to be a marked lack of support work, so that at any one time only one or a few players seemed actively engaged in the attack.

The Hospital kicked off and were awarded a penalty within the first minute of the game. W. Davies converted well from about 45 yards. Shortly afterwards a further offside decision allowed the same kicker to increase Guy's lead. The pressure by Guy's was unremitting, and still within the opening part of the game, Price snatched down a kick ahead by Cambridge, gave out to W. Davies, who put in a well judged punt for Voss to run on to and score wide-out. The conversion attempted failed. Nine points up in as many minutes, and the anticipation of a deluge of scoring. Then the Guy's drive seemed to disappear, and without this and with repeated handling mistakes, Cambridge were able to dominate territorially for the remainder of the half. With this advantage, their full-back had no difficulty with two penalty attempts from close positions. So, by half-time the visitors had almost drawn equal.

The second half seemed even less decisive with the Hospital controlling their possession from the tight badly and being unable to vary the direction of their attack. There was little variation to be seen midfield or near the scrum. Eventually, Price was injured and moved to the wing. The reorganised three-quarter line had even less penetration. Cambridge were again able to hold their own territorially, and from a set scrum in front of the posts, the scores were levelled by a dropped goal. It was not until the closing stages that Guy's showed some fire, and then from a ruck set up on the far right of the field, the ball travelled quickly down the line and the injured Price was almost over in the corner on the left. The same player had another good run down the touchline, but the chance was missed from lack of support. So at no-side, the match was drawn and the inevitably small band of supporters could feel relieved that a larger crowd had not been present to be entertained!

Team: W. W. Davies, G. Voss, T. Rutter, J. Price, J. Shutes, D. Elliott, C. Croft; J. E. Davies (captain), G. Hey, A. Addison, S. Challacombe, J. Stoneham, R. Blackwood, M. Cockburn, K. Kennedy.

I. A. BAKER.

HOSPITAL INFORMATION

JUNIOR STAFF APPOINTMENTS, 1969-70

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS, 1969-70

Applications are invited for the following appointments to the Junior Staff of the Guy's Hospital Group, commencing on 1st October, 1969, for the year 1969/70. Forms of application are obtainable from the Superintendent, and should be returned not later than **16th May, 1969:**

Anaesthetics
Senior Registrars 3
Registrars 5
Appointment to these posts may involve duties at St. Olave's and New Cross Hospitals.
Registrar 1
This appointment is under the Exchange Scheme and will be made jointly with the South-East Metropolitan Regional Hospital Board with a 2 year tenure of the post. The successful applicant will be required to spend one year in the Brighton and Lewes Group.

Cardiology
Senior Registrar 1
Junior Registrar 1

Child Psychiatry
Senior Registrars 2
Registrar 1

Clinical Pathology
Senior Registrar 1
Registrars 3
Registrar 1
This appointment is under the Exchange Scheme and will be made jointly with the South-Metropolitan Regional Hospital Board with a 2 year tenure of the post. The successful applicant will be required to spend one year in the Brighton and Lewes Group.
Junior Registrars (S.H.O. grade) 2
Registrars (Haematology) 1

Dermatology
Registrars 2

Diagnostic Radiology
Senior Registrars 3
Registrars 2
Trainee Registrar 1

Ear, Nose and Throat Surgery
Registrars 2
Appointments to these posts may involve spending one year at Lewisham Hospital under an Exchange Scheme with the South-East Metropolitan Regional Hospital Board.

Medicine
Senior Registrar 1
This appointment is under the Exchange Scheme and will be made jointly with the South-East Metropolitan Regional Hospital Board with a 4 year tenure of the post. The successful applicant will be required to spend one year at Lewisham Hospital.
Registrars 8
These appointments are for 2 years in the first instance. The successful applicants may be required to spend part of their time at hospitals in the group or to work in certain special departments at Guy's.
Junior Registrars (S.H.O. grade) 7
These appointments will be for 2 years and will be held in the Guy's Group of Hospitals in the first year. During the second year some of the successful applicants will be seconded to certain hospitals in the South-East Region where they will assume registrar status.

Neurology
Senior Registrar 1

Obstetrics
Registrar 1

Ophthalmology
Senior Registrars .. .. 2 (part-time)
Registrar .. .. 1 (part-time)
Junior Registrar (S.H.O. grade) 1

Orthopaedics
Registrars 2
Appointment to these posts may involve duties at St. Olave's Hospital.

Orthopaedic and Casualty
Registrar 1

Paediatrics
Senior Registrars 2
Registrar 1
This appointment is under the Exchange Scheme and will be made jointly with the South-East Metroplitan Regional Hospital Board with a 2 year tenure of the post. The successful applicant will be required to spend one year in the Brighton and Lewes Group.

Physical Medicine
Registrars 2
These appointments will also involve duties at New Cross and St. Olave's Hospitals on a day-to-day basis.

Psychological Medicine
Registrars 3
Registrar .. .. 1 at St. Olave's Hospital.
Registrar 1
This appointment is under the Exchange Scheme and will be made jointly with the South-East Metropolitan Regional Hospital Board and will be held at St. Olave's and Bexley Hospitals.

Radiotherapy
Senior Registrar 1
Registrar 1

Surgery
Senior Registrars 3
One post to be held at St. Olave's.
Registrars 3
One post to be held at St. Olave's.
Junior Registrars (S.H.O. grade) 4
Two of these appointments will be two year rotating posts with duties for six months at the Maudsley Hospital. Appointment for one year in the first instance—renewable.

Thoracic Surgery
Senior Registrars 2
Registrar 1

Urology
Senior Registrar 1

Venereology
Senior Registrar .. .. 1 (part-time)

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following appointments to the Junior staff of the Medical School, for the session 1969-70, commencing 1st October, 1969. Forms of application are obtainable from and should be returned to the Dean not later than **16th May, 1969.**

Chemical Pathology
Anderson Demonstrator 1

Medicine
Lecturers 2
Junior Lecturers 2
Poulton Fellowship 1

Physiology
Junior Lecturer 1
Junior Lecturer .. .. 1 (part-time)

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to qualified Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £460

The Arthur Durham Travelling Studentship

Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of £210.

The Beaney Scholarship for Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying on original investigations in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the value of approximately £170 per annum.

The Francis Lett Scholarship

Candidates for the Scholarship must have studied at Guy's Hospital Medical School. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad. Candidates must submit their proposed programme with their application. The Scholarship is of the value of approximately £750.

The Greville Studentship

The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years, renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £45 per annum.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children and/or in disease. The Fripp Fellow is allowed opportunities for study in the Paediatric Department and the Department of Child Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The value of the Fellowship is approximately £570 per annum.

Applications are invited from junior academic staff and medical students for Medical Bursaries granted by the Nuffield Foundation. The general principles of the scheme, as laid down by the Foundation, are as follows:

1. to encourage the exchange of educational visits between medical schools in the United Kingdom. Reciprocation is desirable but not insisted upon;
2. to provide the financial assistance which will make the paying of such visits possible for medical students and junior academic staff;
3. to confine the assistance to those people and purposes for which other channels of financial assistance are not readily available. Senior academic staff are excluded for this reason. Similarly, the emphasis is placed upon seeing a wider range of educational methods at other schools rather than, for example, the learning of a new technique by a young research worker (for which other funds should be available);
4. to remove the burden of extra expense which arises from the disturbance of a man's daily affairs which a visit involves. The funds available are clearly insufficient to defray the whole cost of a visit; the bursaries can only supplement, not replace, existing means of support.

Applications, giving details of proposed visit, should reach the Dean not later than **15th May, 1969.**

PASS LIST

GUY'S HOSPITAL SCHOOL OF NURSING

The following Nurses have passed the Final State Examination held in February, 1969:—

Barrow, S. M.
Binsted, V.
Blows, H. E.
Boncey, D. C.
Bradley, M. A.
Brannagan, J. E.
Burton, P. J.
Butler, M. E.
Clarke, A. P.
College, G. M.
Collett, M.
Copplestone, J.
Coulson, V. M.
Coxon, A. S. G.
Fagg, B.
Gilchrist, J.
Gilliam, E. A.
Glynn, E. A.
Gordon, S. R.
Grigglestone, E. A.
Hardy, F. B.
Hawkins, D.
Herbert, M.
Holmes, A. C.
Holt, E. M.
Hunt, D.
Hurst, S. A.
Knight, R. E.
Lake, E. M.
Ledger, S. D.
Lee, V. M.
Lehmann, S. J.
Llewelyn, V. R.
Luty, C. A.
McLaughlin, S. M.
McPhail, M. J.
Miller, T. A.
Murgatroyd, E. A.
Napier, S. A.
Ogle, J. L.
Paterson, S. M.
Pickering, B.
Plenderleith, S. S.
Plummer, C.
Powditch, F. V.
Powell, V. M.
Read, L. A.
Round, J. A.
Sandoz, S. E.
Scally, B. M.
Shepherd, J. M.
Simmons, P. A.
Spencer, C.
Strange, R. A.
Stockings, J. J.
Thomas, G. C.
Threlfall, P. G.
Voysey, B. M.
Webber, S. A.
Webley, A. M.
Weston, E. F.
Wilkinson, K. M.

PERSONAL

FOR SALE—Freehold, prominent corner house. In Leigham Court Road, Streatham. 4 bedrooms, 3 reception rooms (one was a surgery, water and all fittings still connected) breakfast room, kitchenette, large front and back garden large brick built garage. Price £9,500. (or near offer). Box No. 1/4.

CHANGE OF ADDRESS

Miss I. G. H. Delamere, Dunoran, 4 Park Farm Road, Bickley, Kent.

Dr. William Dunham, 22 Wimpole Street, London, W.1. Tel: 01-580 3572.

Dr. D. H. Evans, Suite 6, 2140 Bloor Str. W. Toronto 9. Ont., Canada.

L. M. Garrett, L.D.S., R.C.S., High Bank, Trull, Taunton, Somerset.

Group Captain F. F. Kennedy, R.A.F. (ret.) 16 Elsted Road, Cooden, Sussex.

Mr. and Mrs. M. A. Knight, to 27b Swan Street, S.E.1.

Miss B. O'Hara-Murray, Barley Hill, Peaslake, Surrey.

Dr. and Mrs. O. Morton, 5 St. Hilda's Close, Christchurch Avenue, London, N.W.6. Tel: 01-459 7333.

Miss Joanna Peace, The Nurses Residence, Wentworth Hospital, Private B. A. G. Jacobs, Durban, S. Africa.

BIRTH

PRESTON—30th March, 1969, to Muriel and George Preston, of 25 Finsen Road, S.E.5, a son Robert.

PARKHOLM—On 15th March, 1969, to Barbara (née Simpson) and John, a little boy, Clive Jan.

LEWIS—On 2nd April, 1969 a daughter Harriet to Lorna and Dr. John V. V. Lewis of Stratford-on-Avon

GOLDEN WEDDING

ANDERSON COCKS—SHAW ALLEN—On 30th April, 1919 Gilbert Anderson Cocks to Gladys May Shaw Allen (Guy's 1915-1919) Present address:—The Rock House, P.O. Box 4, Brown's Town, St. Ann, Jamaica, West Indies.

STOP PRESS

Junior Staff Committee

The next meeting of the Junior Staff Committee will be held on Tuesday, 6th May, at 5 p.m. in the Medical School Committee Room. Any member of the junior staff wishing to raise any matter for discussion should contact the secretary immediately.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2108

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Pusillanimous Passim

With reference to our correspondence column, Passim henceforth will be devoted to the pursuit of beautiful things. Nothing will be spared in this great work. The flashing sword of radical thought will ruthlessly dissect the pure from the corrupt, the relevant from the irrelevant and the just from the unjust. Epic pronouncements of earth-shattering import will leap unfettered from these previously uninformed and peurile pages. We shall become to radical political thought as Einstein was to Physics.

Away will go any mention of the bourgeois effete recreations of the debauched, uncultured and socially ignorant members of the new society. The rugby club will devote its training sessions to demonstrations and think-ins. Honor Oak will become a Mecca for the Cohn-Bendits and Dutscke's of our English student movements.

LONG LIVE THE REVOLUTION!

Let Battle Commence . . . . in a minute

It is a rather humbling sensation to be faced with a blank sheet of paper upon which one is expected to produce news, views and comment for our long-suffering readers. Inspiration comes. Followed quickly by doubt. Has one *all* the facts, are there points of view that ought to be taken into account before one can arrive at a sensible view, however immature? Just consider for a moment one of the major issues splitting the Hospital at the moment. This is car parking. Just one of the subjects on which your editors have recently been "invited" to make stirring, radical and, usually heavily biased comments. Unfortunately, another criterion applies (and we are not so conceited as to think that we often achieve success in it), and that is usefulness.

What, to take the subject mentioned above, is there to scream from the roof-tops about car parking that is not already abundantly clear to those persecuted men, "the Authorities"? They are as much aware of the shortage of parking room as is the newest student looking for somewhere to leave his pride and joy. The only difference is that, while the student and others see only the lack of a parking space, the authorities have to take into account not only the shortage of parking spaces but also the shortage of space for those who are about to move into the previously available space (in this case the Tower Contractors). The difference can be summed up as being a difference in width of vision and in priorities. Once this point of view is appreciated there remains only two courses open to a commentator with any integrity such as we would pretend to. The first is to present the facts as they are and the second is to argue for the provision of adequate alternative parking space for those persons in need of parking space for the performance of their professional duties. It must be remembered that there is no Bill of Rights saying that the possession of a motor car entitles the owner to a parking space wherever he may feel that he needs one and that the term "adequate" can be used with equal vehemence by each side of an argument. The only fact against a more aggresive exposition of the above argument is that there have been "adequate" arrangements made by the Hospital in obtaining a new parking site (albeit a small one in the eyes of those not fortunate enough to have been judged in need of a place on the site) in Tennis Street, about 150 yards away from the back entrance of the Hospital—yes, you will have to walk from there !

It seems unlikely that, without the wholesale destruction of a large area of Southwark, a larger site will be available in the near future. Space in London is at a premium and it seems a poor principle to delay Hospital development in order to accommodate vehicles. The argument is strengthened by two considerations. The first is the quantity of London's public transport system—ask any foreigner—and the other, rather remote perhaps, is the eventual limitation of all private vehicular travel in our cities. What is there left to say? It is easy to agree that it would be great fun to scream about it, call for heads to roll and to hold a drive-in around Thomas Guy's statue, but it is not easy to see what would be achieved. A simple question to the potential demonstrators would probably send them all home with their tails between their legs—what alternative would you suggest? The answers would all be variations on the theme of "well, ' they ' ought to do something"!

Guy's Hospital Reports

Vol. 117/4 has just been published. The contents are as follows :—

The Mode of Action of Glymidine (Gondafon)—W. J. H. Butterfield, C. N. Mallinson, B. H. Hicks and M. J. Whichelow.

A Clinical Trial of Glymidine (Gondafon)—C. N. Mallinson, K. Chlouverakis, C. Hardwick, S. J. Mistry and W. J. H. Butterfield.

Evaluation of the Dextran-Charcoal Method of Radio-Immunoassay for Insulin—A. E. Stocks, Margaret J. Pearson and N. J. Odom.
Metastatic and Multicentric Tumours in the Genito-Urinary Tract—J. F. Flannery.
Unusual Phalangeal Tumours—W. A. Crabbe.
Histoplasmosis. Why not in Britain?—R. K. Knight.
A case of Extra-Uterine Pregnancy—E. D. Morris and T. G. Nash.
Chromosomal Abnormalities and Congenital Heart Disease—P. E. Polani.
Some Rare Endocrine Disorders—A. R. Nathoo.

Orders for separate copies of this number, or for annual subscriptions to the reports, should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rates for Guy's men are :—

Each number, 12s. 6d.

Annual subscription, £2 2s. 0d.

Dr. Joseph

Dr. Michael Joseph has been appointed Director of the new Paediatric Research Unit in the Institute of Diseases of the Chest at Brompton Hospital. The Assistant Director, Dr. Philip Zorab, is also a Guy's man. Their work will deal with asthma, cystic fibrosis, scoliosis, congenital heart disease and development of the lung with special emphasis on respiratory function in younger children. We hope that the Guy's Paediatric Department, in collaboration with, Dr. T. Clark and Dr. Chamberlain, will also start a research unit, for Professor D. D. Reid in the current issue of the Proceedings of the Royal Society for Medicine has clearly shown that the child with bronchitis is father to the adult with bronchitis and, if we may coin a phrase, prevention is better than cure.

GUY'S DIARY

MAY

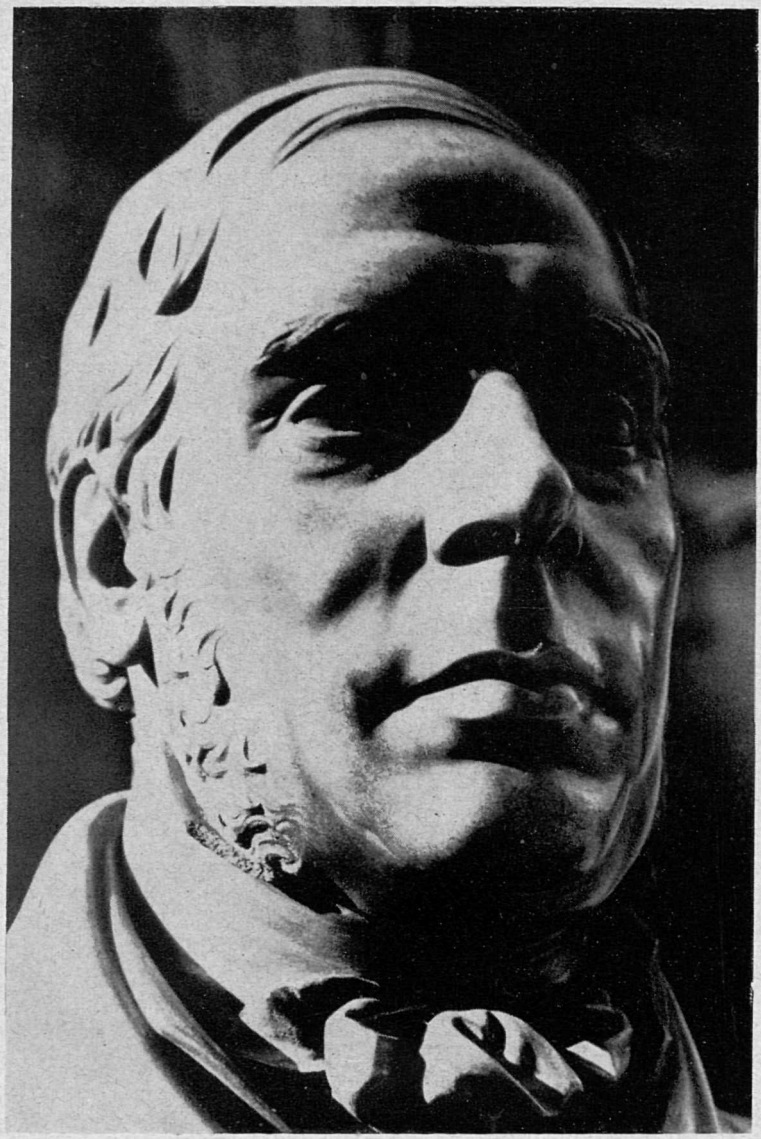
12	M.	1.00	Clinical Lecture. Professor MACDONALD. "Overnutrition."
13	Tu.	1.00	Clinical Lecture. Dr. ROSIN. "Big Strokes and Little Strokes."
16	F.	1.00	Clinical Lecture. Mr. SCHURR. "Psychosurgery."
		2.15	Combined Round (Pre-Clinical Classroom) Chairman : Dr. EVANS.
23	F.	1.00	Clinical Lecture. Dr. McARDLE. "Symptoms and Signs of Spinal Cord Disease."
		2.15	Combined Round (Pre-Clinical Classroom) "Teach-In."

Exhibitions in the Gordon Museum—May :

Obstructive Jaundice.
Porcelain Inlays.
Pathology Quiz No. 7.

Puerperal Convulsions; Aetiological Theories

by E. A. Williams



John Charles Weaver Lever

1811—1859

[Photo: R. Wright from the bust in the Medical School]

One hundred and twenty-five years ago an important discovery was made at Guy's Hospital concerning women affected by puerperal convulsions. It was discovered that their urine contained albumin.

Original Observations

In 1833 the Lying-in Charity had been founded at Guy's by Benjamin Harrison, Treasurer to the Hospital. The Charity aimed to provide "poor women with medical attendance and medicines at their own habitations during their confinement". Ten years later it was reported that seven thousand four hundred and four women had been assisted. Among these were fourteen affected by puerperal convulsions, and writing in Guy's Hospital Reports (1843) John C. W. Lever, Assistant Obstetric Physician, revealed that he had examined the urine of ten patients finding albumin present in nine. It was his own observation that women with puerperal convulsions had much in common with patients affected by the anasarca of the Morbus Brightii that caused Lever to test the urine for albumin. "When a boiling heat was applied it coagulated like gruel. Further tests with nitric acid showed that it contained albumin."

So it was established that in addition to a full, hard, bounding, incompressible pulse and oedema, particularly of the limbs, vulva, hands and face, there was very generally albuminuria. These three signs, together with headaches and convulsions, made Lever conclude that his patient (No. 5 in the series) had become pregnant while affected by granular degeneration of the kidneys.

Lever did not hold this opinion for long ; tests showed that the urine quickly became free of albumin, and Lever concluded that the albuminuria was due to some transient cause connected with the gestation itself. Moreover, there were two maternal deaths and it was found at post mortem examination on one of the women that the "kidneys gave out much blood, but were not dark; their texture coarse and flabby", a picture quite unlike the granular contraction of Bright's Disease.

Lever's Theories

At Guy's there has been understandable pride in Lever's discovery; nonetheless, it has generally been taught that Lever considered that it was due to the co-existence of pregnancy and Bright's Disease. (Gibberd 1965.) It is quite clear from Lever's text that he did not think this, for he observed that the disease was transient—and due to the gestation itself.

Seeking to explain albuminuria, Lever accepted the view of Robinson advanced in his monogram, "An Inquiry into the Nature and Pathology of Granular Disease of the Kidney, and its mode of action in producing Albuminous Urine." Robinson claimed that causes "which obstruct the return of blood from the kidney produce renal congestion and hence albuminous urine".

Lever concluded, "I am of the opinion that the gravid uterus by its pressure . . . prevents the return of blood from the kidney and hence is the cause of albuminuria."

Mr. Williams is Consultant Obstetrician to the United Oxford Hospitals.

Sensing that increases in pressure due to an enlarging uterus (if such a phenomenon exists) would be expected to operate in all, or nearly all pregnancies and finding puerperal convulsions with albuminous urine only exceptionally, Lever modified the theorem a little, arguing "the pressure of the gravid uterus is by no means uniform. In some the uterus is distended more at its posterior and lateral parts and 'vice versa' and yet in both the contents of the uterus are equally great."

Lever found this a satisfying explanation. It will be noted that he had moved from deductions based on observations to surmise without measurement.

Modern criteria

Eclampsia remains the disease of theories; they are put forward, refuted and advanced again. Ignorance of its nature is reflected in the bewildering nomenclature used to describe the condition. For that matter pre-eclampsia is not particularly acceptable—and there is perhaps some slight advantage in the American usage of eclamptogenic syndrome, although it is virtually a return to Lever and puerperal convulsions.

It is a disease peculiar to womankind and we should bear this in mind when offering any explanation of its cause. (The convulsive syndrome produced experimentally in sheep is considerably different.)

No explanation of pre-eclamptic toxaemia would be acceptable that did not account for:—

1. The greater incidence of the disease in primiparae.
2. Its higher incidence in the later weeks of pregnancy.
3. Its particular liability to develop during labour.
4. Its occurrence after delivery and in the first twenty-four hours of the puerperium.
5. Its early, and severe character in hydatidiform mole.
6. Its absence in choriocarcinoma.
7. Its more frequent association with twins.
8. Its greater probability in labour associated with disproportion (a view held in the days before frequent recourse to caesarian delivery).

It is now possible to set aside certain theories of causation. Pre-eclamptic toxaemia is certainly not due to (1) increased intra-abdominal pressure, (2) deficiency of vitamins, (3) absorption of abnormal products of digestion from the alimentary tracts of the mother, (4) low reserve kidney.

Ischaemia v. Deportation

Currently it is claimed that the theory of uterine ischaemia has the greatest support (McLennan, 1966). Briefly, this postulates an initial reduction in uterine blood flow causing hypoxia of the placenta from which are liberated protein substances, "toxins" having antidiuretic and hypertensive effects and causing capillary thrombosis and proteinuria. It is not proposed to examine this further—except to reflect that it offers no basis sufficient to explain the appearance of pre-eclamptic toxaemia in humans only. More than this, other polytocous species

would seemingly have a greater problem in supplying sufficient blood to sustain their multiple conceptions.

It remains to examine "deportation of trophoblast", a phenomenon that has been recognised for about 75 years, and which is seemingly peculiar to human pregnancy. Given that eclampsia and "deportation of trophoblast" are both uniquely associated with human pregnancy, then it remains to determine whether "deportation of trophoblast" could in any way cause pre-eclampsia.

It may be remembered that Virchow in 1853 identified chorionic villi as foetal elements bathed directly in mother's blood, and thus it was realised that the delicate villi were scoured by the perfusing maternal blood. Langhans (1882) described the dual nature of the epithelial covering of the villi, and Hubrecht (1889) had coined the term "trophoblast". Four years later Schmorl (1893) found deported trophoblast in the pulmonary capillaries of 14 of 16 women dead from eclampsia. He did not find it in 4 women dead from other causes and so it was concluded that trophoblast deportation was a significant cause of eclampsia. Later, in 1902, Schmorl found deported trophoblast in 86 of 150 fatalities from eclampsia, but it was clear that a complete study of maternal pulmonary tissue was in reality impossible.

In 1905 Veit, confirming Schmorl's findings, pressed trophoblast deportation as the definitive cause of eclampsia. Controversy raged. Ascoli and Weichardt brought out theories of syncytiolycins and syncytiotoxins, each a little different and purporting to explain eclampsia in a new and different way.

But the critics had concluded, since deported trophoblast was sometimes found when death was not due to eclampsia, that it was not the prime cause, but more likely to be an effect of the convulsions which increased commotion at the placental site, thereby causing greater separation of trophoblast.

Moreover Labhardt, failing to cause eclampsia in rabbits by injecting them with extracts of human placenta, believed that he had failed to satisfy Koch's postulates regarding the origin of the disease. (Koch's postulates are properly applicable only to microbial or protozoan disease.) The difficulties seemed insurmountable and the phenomenon which had been of such great interest for ten years was set aside and since its significance would not be measured it was largely forgotten.

It is the modern view that trophoblast is carried into the human maternal system from the very early weeks of pregnancy (Douglas *et alia*, 1959). It is possible to recover trophoblast fragments from blood taken from uterine veins at caesarian section, but the process is tedious. A mass of evidence suggests that it is increasingly present at pregnancy advances, and it seems certain that simple trauma, Braxton Hicks contractions, labour contractions and particularly placental separation cause increased syncytial embolism.

In a personal communication Carr has revealed that about one gramme of trophoblast tissue may enter the maternal circulation each day at the end of pregnancy. My own findings of trophoblast in blood taken from maternal veins at caesarian section are qualitatively in accord, but have not been quantified.

Trophoblast fragments recovered from uterine veins are syncytial; the fragments are some 100–200 μ in diameter, containing from 20 to 30 nuclei. The nuclei are often overlapping, a brush border may be recognised. The fragments must be distinguished from the multinucleate bodies such as packed endothelial cells detached by artefact, packed lymphocytes and amniotic squames—bone marrow emboli, malignant trophoblast and so-called pulmonary megakaryocytes.

Trophoblastic Index

Attwood and Park in modern post-mortem studies have found it is useful to define a Trophoblastic Index. This is the number of embolic particles in 1,000 sq. mms. of pulmonary tissue. They have found typical values of 24.4 in pre-eclamptic toxaemia, 5.6 in haemorrhage, 1.6 sepsis and 6.9 in other deaths. Deported trophoblast was found in 14 of 16 emclamptics when the trophoblast index was 36, and in 11 of 13 pre-eclamptics when the trophoblastic index was 13. The highest trophoblastic index was 247 in an eclamptic. When death came more than three days after delivery the number of trophoblast emboli fell off greatly, suggesting that they do not ordinarily persist for long in the maternal system and there must be a mechanism which prevents the accumulation of this tissue in the maternal system. Recently, but in a somewhat different form, Billington and Weir discovered trophoblast in the lungs of the chinchilla. Investigators may find the chinchilla a useful, if expensive, experimental animal.

It is not known what significance the entry of trophoblast into the maternal organism has. It is curious and remarkable, for there is increasingly, as pregnancy proceeds, expulsion into the maternal system of a tissue that is foreign.

Naturally, certain questions arise :—

1. Does deportation modify the foeto-maternal relationship in an immunological sense?
2. Does deported trophoblast act hormonally or enzymatically?
3. Does deported trophoblast cause obstetric disease?
   (*a*) Is there perhaps sometimes an allergic response to deported trophoblast that may be the cause of pre-eclamptic toxaemia?
   (*b*) Or does deported trophoblast cause fibrin to be salted out of the maternal blood in amounts sufficient to cause the familiar lesions of pre-eclamptic toxaemia?

Intense interest centres around these matters. No conclusions are offered. The evidence of biologists, immunologists, haematologists and clinicians have not been rewarded by any considerable success. Yet it remains an attractive hypothesis that the deportation of trophoblast is the transient event connected with human pregnancy that causes eclampsia and pre-eclamptic toxaemia.

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John Charles Weaver Lever. Biographical note—after Wilks and Bettany.

John Charles Weaver Lever was born in Plumstead in 1811. He entered Guy's Hospital as a student in 1832. Showing great industry and powers of endurance, mental and physical, he walked daily from Woolwich to attend the nine o'clock lecture. He walked home again in the evening, a total distance of eighteen or twenty miles. He drank nothing but water.

He was strongly built, with a big head and a rather coarse, blunt face—very characteristic of the Englishman who goes without any resource than his own perseverance to any distant colony and becomes a successful man.

Elected to the obstetrical staff in due course he never pretended to be scientific but he added to the literature of his subject with some good papers in the Guy's Hospital Reports.

His practice was enormous. He gained the confidence of women by his seeming power more than by any pleasant manner. Yet so infatuated were they by him that a number of them united to have his bust taken by Baily, which they afterwards presented to him.

At the height of his powers he took a country house, bought horses for his daughters and launched out in a more lavish way of life. He became a "bon vivant" and ceased to be a teetotaller.

He then lost two children and soon after his wife, in 1849. Her death was a great sorrow, and made him still less careful of his mode of life. He then became interested in and attached to the preacher Spurgeon and attended at his tabernacle at Newington.

He married a second time. . . .

It soon became evident that he had lived in every respect too fast a life and that his health was failing.

He used to be carried to his ward at the hospital and continued lecturing with faltering voice and gesture.

His death at 48 years was caused by dropsy.

STUDENTS AND GENERAL PRACTICE

by

P. M. Higgins

Guy's has always taken a keen interest in general practice and in the past a high proportion of its graduates have entered this branch of medicine. The General Practice Research Unit was established at Guy's in 1964 with a generous grant from the Nuffield Foundation to help plan the medical services for Thamesmead and to develop teaching of undergraduates in general practice. This unit has now become the Department of General Practice—the first such department in a London Medical School.

Few have yet realised the potential value of general practice in undergraduate education. To think of general practice as a post-graduate discipline to which students ought merely to be "exposed", or to think only of "teaching general practice" is to miss the main point entirely. General practice is essentially medicine in the community: it is the application of what medicine has to offer for the benefit of the patient and the community he lives in. It encompasses the whole of medicine, including non-operative surgery, obstetrics and gynaecology and the practitioner uses the same clinical skills and the same clinical techniques as do his colleagues in hospital. Of course, the range of conditions he may encounter in any one field is more restricted but he also deals with some problems that the hospital never sees and large group practices may have under their care a wide variety of cases just as interesting and valuable to the student as those he may see in hospital. Almost all such cases are seen in their early stages by the practitioner and most subsequently return to his care.

The potential of general practice, therefore, is that it represents a source of manpower for teaching and a vast source of clinical experience in medicine, some similar to that in hospital, some never seen there, with particular emphasis on early signs of disease and on long-term management. Moreover, most good practitioners, believing that they have something of value to show students, and conscious of deficiences in their own student training which ill prepared them for the problems they encountered on first entering practice, are so keen to teach that they are also keen to learn to do so properly. A remarkable growth of interest and participation in teaching courses for general practitioners has been a feature of the past few years in some parts of

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Dr. Higgins is Director of the Department of General Practice.

the country. As a result general practice could supplement and enhance the effectiveness of undergraduate education by offering a permanent corps of trained teachers at a senior level, an organised flow of clinical experience and individual tuition for the student to supplement the group teaching of the medical school.

It could do more than this : it could offer a practical "laboratory" in which students might see something of the social role of medicine and perhaps take some clinical responsibility. A unique feature of general practice under the N.H.S. is that the doctor carries responsibility for a defined population : his "list" of patients, 70 per cent of whom he sees at least once in any one year. Some group practices are large enough to cover a defined area as well as a defined population; all problems that come to the notice of doctors in that area will either first be seen by them or will be known to them. All this could offer the ideal setting for practical experience in epidemiology for the student. The dry bones of statistics would take on flesh and come alive, the need to know how and why people behave as they do would become apparent, the purpose—and the limitations—of medicine become clear.

All this is far removed from the idea of an "exposure" to general practice, with the students sitting in and watching an unorganised flow of patients in the surgery, valuable though that experience is. Guy's have for several years offered a scheme for attaching students to practitioners for a week; only a minority of students ever took advantage of this but those who did found it interesting and worth while and Guy's are deeply indebted to those doctors who put up students in their homes and who give up their time to this scheme. But if we are to set our sights on a different target and seek fully to make use of all that general practice has to offer students a different approach will be needed.

We hope this summer to try an experiment. An intensive week or fortnight's course will be offered to small groups of students—perhaps 3—5 at a time in one of three country districts. Each student will live either with one of the doctors participating or in the local hospital. The course will be designed to cover all the community medical services, will show general practice in different settings and will give students access to interesting cases both in practice and in local hospitals. Students will be attached principally to one doctor for individual tuition but will come together as a group for discussion, case conferences and clinical meetings.

A course of this kind would be particularly useful to students in their final year and if successful might be developed into an intensive revision course in medicine, surgery and obstetrics using the clinical resources of both general practice and local hospitals.

It can all be done—if students show that this is what they want—and would represent the first step towards tapping the vast potential of the community medical services for undergraduate education.

The International Association for Dental Recherch 1969

by

R. O. Forrest

The writer is privileged to have been allowed to examine an advance copy of the report of a forthcoming meeting of the Association and hastens to offer readers some notes on papers soon to be published.

1. **The toothless pulp.** A new concept in sensation without function. The authors here present the results of their work on transplanting vital pulps into edentulous hamster jaws. They report a considerable increase in oral awareness and that the irritability quotient increased to 87 per cent. They are at present investigating the practical application of their findings. The hamsters were noted to lose considerable weight in a short time. The use of these techniques, when perfected, in the treatment of the obese patient is an obvious possibility.

2. **The oesophageocolonic shunt.** A total of 500 ferrets were subjected to the above operation which consisted of the removal of a portion of small intestine and transplanting this between the lower end of the oesophagus and the upper end of the colon. It was found possible in the three surviving ferrets to irrigate the oral cavity and the colon with the same solution. It is considered that the practical application of this important finding to man will eliminate those rather distasteful and uncomfortable colonic irrigations which may have to be carried out from time to time. Owners of the Water Pik would thus receive an additional adjunctive benefit.

3. **An investigation into the life cycle of HUSCH'KE'S auditory teeth.** Husch'ke's auditory teeth are minute toothlike projections along the free margin of the labium vestibulaire of the cochlea. 76 dogs were sacrificed at intervals from three weeks in utero to age three years. The skull was sectioned across the cochlea. The investigators noted that Husch'ke's auditory teeth followed a similar cycle of formation as the teeth of the jaw. There were initially deciduous teeth which although not exfoliated, seemed to atrophy and were followed by slightly larger successors. Histochemical studies indicated rudimentary enamel and dentine. Of interest was the absence of any trace of enamel caries in these teeth. The authors postulate the possibility that the vestibular fluid contained a protective substance.

Patients may be casual ones—examinations should never be

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Further experiments are now being carried out in which concentrations of vestibular fluid are being added to the feed of hamsters. A further report will be published in due course.

4. **The parascale syndrome—its cause and cure.**

5. **Forensic Dentistry.** A classification of bite marks made by the dental students at a London hospital.

6. **A new concept in dental teaching.** A manikin head for all departments.

7. **Temporary replacement of lost incisors using the Bailey bridge.**

8. **Black Magic in Caries Control.** An investigation into the relative cariostatic effects of a brand of chocolate as a staple diet compared with a normal standard mixed detergent fruit diet of lemon souffle, orange creams and raspberry tart.

9. **The Orthodontic Band.** A description of the cast system for the easy accommodation of the misplaced supernumerary.

10. The treatment of acute ulcerative gingivitis by repeated application of chromic acid and hydrogen peroxide—a five-year study. (Note: The title of this paper has now been changed to : "A method of removing chromic acid stains from acrylic resin dentures."—Ed.)

The Journal of Dental Recherche regrets the delay in publishing the following paper owing to pressure of space :—

"A technique for packing vulcanite rubber to avoid pushing base red through the labial pink."

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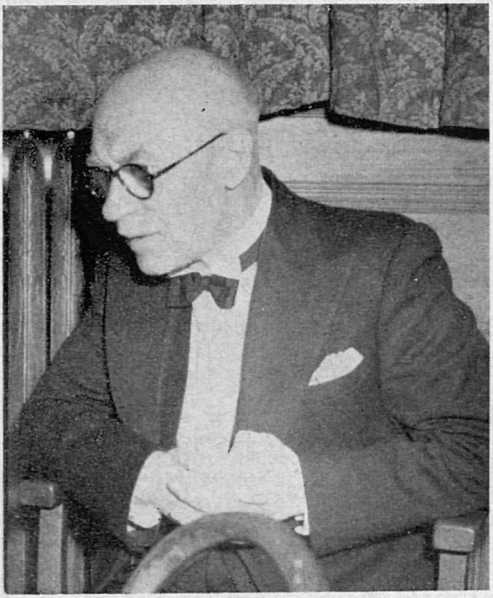
Ode To Guy's Men

You dashing young man as you stroll on your way,
And stop to greet all and pass time of day.
You talk of your rugby and parties to come
And invite us along hoping we're fun.
The evenings are riots, cheap Amstel and cheese,
And then at the end it's time to say please.
The dancing is great, the kissing is fine
But we who are virgins must draw the line.

—

So we hope for a friend who'll like a bit more
And when we say no won't show us the door.
We're tired of the expression, See you around.
The words jar our ears, we don't like the sound.
The same goes for saying, We'll leave you a note.
Surprising such lies don't stick in the throat.

OBITUARY



George Osborn

George Osborn died on the 12th April, 1969, within a few hours of moving into his new home at Bognor and within weeks of his retirement as Chief Technician in the Department of Clinical Microscopy, at the age of 65.

Osborn came to Guy's from the Middlesex Hospital in 1927. Up to that date, section cutting was done by amateurs of varying degrees of skill. In 1912, when the late Professor Nicholson was appointed as the first Clinical Microscopist to the Hospital, surgical specimens were examined and the sections cut either by the surgeons or their registrars, and it is a tribute to their skill that, as the records of the department show, diagnostic errors were few. Professional excellence, however, made its mark and Osborn created a new standard of histological preparations which made such perfectionists as the late T. J. Johnston, Professor of Anatomy, and others appreciate Osborn's technical ability and compete for his services. It was fortunate for the Hospital that Professor Nicholson insisted that these services should be dedicated to the interests of Morbid Histology and his own beautiful and exact drawings, reproduced in his classical papers in the Guy's Hospital Reports were based on Osborn's superb sections.

In this technological age when craftsmanship has had to give way to machines, it is doubtful whether they can replace the first-rate quality of individual skill and ingenuity. Osborn treated each specimen as the good clinician treats his patients.

As a person he was obsessed by the quality of his work and this governed his attitude to life—a blister in the paint of a recently acquired motor car was as repugnant as the slightest crease in the most delicate of sections—it meant second-rate work. Utilitarianism had its place but attempted perfection was a better aim. Osborn has contributed his share of the first rate, a tribute which few can claim or deserve. Guy's has lost a faithful and devoted servant.

S.N.

B.D.S.A. WINTER CONFERENCE AND RUGBY CUP SEVEN-A-SIDE TOURNAMENT

Friday 28th March—Sunday 30th March.

This year the Conference was held for the first time in Cardiff. Delegates were accommodated in University Hall and some two hundred members attended. Guy's sent their largest ever contingent: twenty-eight in all. Perhaps the call back to "the Land of my Fathers" was the all-important factor. Those members to arrive early enough were given an evening meal, followed by a "few wee drams" of alcohol in the residential bar. Old faces recollected the past, whilst the newer delegates broke the ice with fellow delegates from places as far apart as Cork, Dundee, Liverpool, London, Belfast, Leeds and Dublin, to name but a few. It was pleasing to see a larger proportion of ladies than in previous years.

As the evening progressed, so the molecules were consumed at an ever-increasing rate, especially when it was announced in the middle of the evening that beer was to be reduced by fourpence a pint!! Later a visit was arranged to the "Med Club," a notorious students' drinking house. Once entrenched in this haven, the Belfast boys made full use of the piano, being joined by the English boys and finally the whole building resounded to the singing of Welsh harmonies.

The following morning the experienced few made breakfast and heard of isolated goings on the previous night, including the visit to the Karachi Curry House. Eventually, enough delegates had emerged to catch the coaches to the Dental School for the traditional morning lecture, which was given by Mr. W. M. Murphy, senior lecturer in prosthetics at Cardiff. It was on " Audio-visual aids in dental teaching", and was both interesting and amusing especially when communication was lost between the television studio and the lecture theatre for a short period. Morning coffee followed and then the draw for the seven-a-side tournament was made. Afterwards the B.D.S.A. Council had a committee meeting whilst the hosts showed the remaining visitors around the spacious and lavishly equipped dental school and thence to the Conference dining hall for lunch.

The afternoon was devoted to the seven-a-side tournament, in which all four Guy's teams gained a bye into the second round. The social side and the the Angel's side managed to last fifteen minutes each before being knocked out, and both left their mark in the spectators' minds. Most notable were the marks left by the Angel's captain in several places on the pitch owing to over-indulgence the night before.

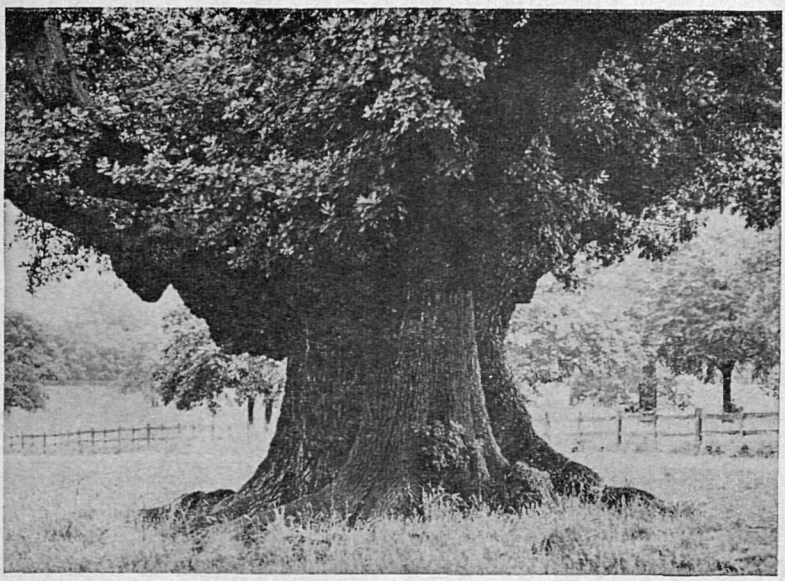
The footballer's side had more success, losing very narrowly in the quarter final to the London, but not before the notoriety they had gained last year in Liverpool was expressed. Their brand of rugby was truly original and merited one referee's comment, "Where did you get that bunch of animals?"

The Guy's first seven was their strongest for several years, and although despairing of all hope in the early rounds, managed to win the cup for the first time since 1964 (see report in sports section). After the presentation of the cup, during which half the Guy's side was half drowned by a bucket of water, the players and spectators attended the informal dinner party. Speeches were made by the B.D.S.A. President, the Dean of Cardiff Dental School, and the Conference organiser.

The dinner finally made way for an informal dance, and although the gentlemen had a shortage of partners, a good time was had by one and all, reaching its climax when everyone linked arms to sing Auld Lang Syne with their new friends. The dance finished in the early hours of the morning, but activity in the hall subsided only when the last crate of ale was finished, a Tiger Bay curry house had been frequented and the alcohol began to have a sobering effect.

Sunday meant the Conference was ended, and during that morning delegates left in their small groups happy in the thought that the week-end was worth the effort of getting to Cardiff. Let us hope that next year will be as successful, and that Guy's will send an even larger contingent.

R.D.B.



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But why this obsequious concern? This feverish bid to handle the tattered remnants of your grant?

Well, we suspect there are a number of Revisionists who want to leave College and start making money.

Naturally, whenever this happens we're very glad they came to us as students.

While you're at College, of course, there's plenty of time to find out how to use us when you leave. Investment advice, Budget Accounts, help when buying a house. The bank becomes more useful as time goes on. And we like to be used.

Come and start it happening at any one of the 3,600 branches of the District, National Provincial or Westminster Banks.

Needless to say it's all part of a Capitalist plot.

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There is an office of the **National Provincial Bank** for the use of staff and students in the hospital.

NOTICES

British Dental Association Annual Conference, Bournemouth, 1969

Guy' Alumni Luncheon

Arrangements have been made for this function to take place at the Lucullus Restaurant, The Pavilion, Westover Road, Bournemouth, on Tuesday, 3rd June, 1969, at 12.30 p.m. for 1.0 p.m. Cost : £1 2s. 6d. exclusive of wines.

Will all members who wish to attend kindly notify Mr. I. H. Hilliam, Kildare, Wimborne Road (New Road Junction), Northbourne, Bournemouth, as soon as possible.

Guy's Hospital Music Club

Informal Recital

Instrumental and vocal performers are required for an informal recital to take place on Thursday, June 5th, at 5.15 p.m. in the Residents' Common Room. Original works are particularly welcome, and there will be no limit on style. The duration of any item should not exceed ten minutes.

All offers to : Peter Stevenson-Moore, East Wing, Guy's Hospital.

Lourdes "Teach-in"

There will be a "Teach-In" on Lourdes at 5.30 p.m. in the Clinical Theatre, New Guy's House, on Monday, 12th May.

The panel will include two organisers of Pilgrimages and, if possible, a medical student helper and a polio victim.

It is expected to be a lively meeting with the emphasis on question and discussion.

The meeting is open to the whole of the Hospital, so come—even loaded with prejudice.

Pupils' Physical Society

The next meeting of the Society will be held on Thursday, 15th May, at 5.30 p.m. in the Clinical Theatre, New Guy's House.

The speaker will be Dr. Geraint James, Dean of the Royal Northern Hospital and well known as one of the most dynamic medical teachers in London. He is going to entertain us with a "Medical Cabaret" and even if you find medicine dull, this you will enjoy.

Pupils' Physical Society

Laidlaw Prize Meeting

The Laidlaw Prize meeting took place on 24th April. This year there were six entries for this prize, which is awarded annually to the student giving the best paper on a subject connected with medicine.

Nigel Bax started the meeting with a short talk on oral contraceptives. He used some simple diagrams to demonstrate the present explosion in world population, and to compare the effectiveness of various methods of contraception. He then described the different types of contraceptive pill, and summarised the experimental evidence supporting the ways in which they are believed to act.

Elizabeth Clyma followed with a talk on "Left or right handedness", and the relationship of this to the dominance of one or other cerebral hemisphere. She told us of the various methods used to find the dominant

hemisphere. She succeeded in making a very complex subject sound moderately simple.

Alan Coulson gave us a brief and highly simplified survey of work he has been doing on culture of lymphocytes in vitro. His talk was illustrated by some excellent slides.

Martin Ede gave an account of work he has been doing studying the daily rhythm of calcium excretion in man, and the effect on this of various factors such as bed rest.

Morna van Essen gave a short talk on Anorexia Nervosa, describing someone she knew who had suffered from this condition. She had had the opportunity, unusual for a student, of observing the patient throughout the whole course of a prolonged disease.

Akber Lalani told us of the attempts being made to find a chemotherapeutic agent active against viruses. He told us how viruses used the host cell to multiply, and the difficulty of finding a difference between metabolism of virus and host cell that could be used to combat viral multiplication.

Professor Trounce, Dr. Knight, and Dr. Archibald very kindly came to judge the entries. Theirs was a difficult task because all the papers were of a similar high standard. However, they judged that Miss Clyma had given the best paper. She is to be congratulated on her success.

The large number of entrants and the high standard of all the papers given, made this a very successful meeting.

The Medical School Christian Discussion Group

We wish to inform all members of the Guy's community that the Christian Discussion Group will be meeting each week in Classroom 1A, in the Medical School. The spectrum of membership is already wide, we would like it to become wider; doctors, secretaries, technicians, administrative and domestic staff are all very welcome, whether persuaded of Christianity or not.

Our programme for the present term is :—

General Meetings

Each Tuesday at 12.45 for 1.00 p.m. Classroom 1a.

Apr. 29.—Why a Church?—Worship. Mr. C. Goble, Businessman.

May 13.—Why People?—Our Lord's Method. Rev. A. Cook, St. Peter's, Cornhill.

,, 27.—Why Ask Him?—Guidance. D. Hunter, London City Missionary.

June 10.—Why Tell Others?—Our Commission. Mr. J. Parker, Pastor and Businessman.

,, 24.—Why Die?—Life in Christ. Canon E. M. T. McLellan, St. Nicholas, Sevenoaks.

On alternate Tuesdays, including July 1st, there will be a Bible Study, using the Epistle to the Colossians as a vehicle for discussion.

The main meetings are from 1.0—1.45 p.m., with coffee and sandwiches served from 12.45 p.m. Discussion meetings are from 1.0—1.45 p.m.

Mr. E. Smith, Hon. Secretary.

Students' Club Council

A meeting of the Students' Club Council was held on April 25th. The main business of the meeting was to appoint representatives to the various bodies with whom the students have liaison through the Council, and to form the various sub-committees.

Bruce Dick, the student secretary, will be absent until July, so Alison Hill was appointed as deputy secretary until his return. Some of the other posts are as follows :—

Social Secretary : Mr. D. Carmichael.
Bar Secretary : Mr. D. Jackson.
Book Exchange : Miss J. Leethead, Mr. C. Lacey, Mr. C. Ryan.
Billiards : Mr. C. Lacey, Mr. J. Lewis.
Representatives to the Clubs' Union Council : Mr. B. Dick, Mr. R. Tudor-Williams.
Representatives to the Medical School Catering Company : Mr. B. Avery, Mr. M. Ede.
B.M.S.A. Representatives : Pre-clinical, Mr. W. McAllister; Clinical, Miss L. Hampson.
Medical Students' Stroll : Mr. D. King.
Medical School Council : Mr. T. Treasure (Medical); Mr. R. Tudor-Williams (Dental).

The Medical School Council are inviting four student representatives to sit on the Council. One dental student will be appointed by the Dental Society, one has been appointed from the Students' Club Council, and of the two medical students, one will be appointed from the Medical Education Committee, and the other has been appointed from the Students' Club Council.

The report of the Medical Education Committee on the Wills Library was discussed. One of the suggestions it makes is that room for study might be found in the East Wing. After discussing several possible sites, it was decided that, for a trial period of six months, the Committee Room on the first floor should be made available for this purpose. Notices of committee meetings to be held will be prominently displayed, and students are asked to vacate the room in plenty of time.

The financial report of the Book Exchange for 1968-69 was presented. The Exchange made a profit of £22 7s. 0d. last year. The room is becoming too full of books which have been left there for ten years or more and forgotten by their owners, so it has been decided that books left there for more than seven years should be thrown away.

CORRESPONDENCE

Retirement of Mr. W. F. Cook

SIR,—Mr. W. F. Cook retires on 30th September this year, after 51 years' service at Guy's. He has been Secretary to the Medical and Dental Schools for nearly 20 years.

I am sure many Guy's men will wish to contribute to a presentation, and contributions, which should not normally exceed 5 guineas, should be sent to me. Smaller sums will, of course, be very welcome. Cheques should be made payable to Guy's Hospital Medical School.

Yours, etc.,

J. C. HOUSTON (Dean)

Medical and Dental Schools,
Guy's Hospital,
London, S.E.1.

Clubs' Union

SIR,—Through the courtesy of your columns, I would like to draw Clubs' Union Members' attention to the fact that the Club facilities will not be available on Thursday and Friday, the 29th and 30th May, 1969. This is to allow the Staff to have time off for Bank Holiday working.

Yours, etc.,

B. A. ROSS.

Guy's Hospital Clubs' Union,
Medical School,
Guy's Hospital,
London, S.E.1.

Ladies' Association

SIR,—Guy's Hospital Ladies' Association are holding their Annual General Meeting in the Medical School on May 21st at 2.30 p.m.

Mr. G. F. Gibberd has kindly consented to take the chair, and Mr. A. H. Burfoot as our speaker, will tell us more about "The Establishment." Nursing Staff, Members and other friends will be most welcome.

The Association is organising a Derby Day draw to help raise funds this year. Tickets at 6d. each or 2s. 6d. for a book of five.

Supplies are being held in Matron's Office, the Superintendent's Office, and the Ladies' Association Room.

We will be most grateful for any help to sell tickets.

Yours, etc.,

MRS. M. K. SALMON,

Hon. Secretary, Guy's Hospital Ladies' Association.

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

Lamentable Lapses of "Literary" Laymen

SIR,—I write to complain about passim. It has become so deep a blue that it is almost black, and this shade is not beautiful: it is obese, flat footed and patronising, accepting society like a bad smell.

Any thought about society must be radical: continually questioning our values; continually aiming at a dynamic equilibrium between us, our values and the social structure; continually aiming to destroy the irrelevant, the out-of-date and the corrupt, and continuously fearless of the whiplash of entrenched opinion. It is the guardian of our freedom and the vehicle of our progression. It has been murdered in Czechoslovakia, and has raised its head only in the most embryonic fashion in the *Gazette*. I refer to the recent letter from Sue Dowling, which shone like an out of place nova from the dowdy correspondence columns.

The places for informed and creative criticism of this kind are the editorials of student newspapers. Is there a better place to criticise the teaching arrangements in Guy's Hospital than in the Passim of the hospital newspaper? As the medical profession makes up a sector of society with far reaching social, economic and legal implications, why do our editors not inform us of their implicit problems? Is there any need to restrict our activities to solely medico-social ones? Why was there no issue devoted to the arguments behind the great student demonstration? Anyone who cannot foresee the problems of widening education in our society is a fool. That it is more important for us to be informed about them than it is to be informed about the Rugby Club's nefarious history goes without saying, and yet in our newspaper we have had no informed editorials about these pressing problems; there have only been shades of opinion expressed in the correspondence columns, and these are not the same thing.

Information, information, information: it is the newspaperman's food and drink. It is all around us, almost in the air we breathe, and yet our editorial limps, emaciated, over three pages. We live as the world is changing more profoundly and more quickly than ever before, but each time we pick up a new edition we are starved.

Yours, etc.,

DAVID AVENAL RICHARDS.

East Wing.
Guy's Hospital.

SPORT

MIDDLESEX 7-A-SIDE-COMPETITION

April 26th. Old Askeans. Preliminary Round.

After an afternoon of great excitement and much anticipation, Guy's 1st VII just failed to reach the final rounds at Twickenham, but only in the last few strides. The afternoon began in the customary way for Guy's, with the 2nd VII being defeated in the "X" round by Basildon I, in spite of constant possession and two well set up tries by Paul Williams and Dr. Hugh Burry. Very soon afterwards the 1st VII started shakily against the London, and as so often in the past, allowed themselves to be drawn into the scrambling spoiling game typical of Hospital rugby sides. They eventually settled down to some sensible play and won 9—6, but not before they had expended vast quantities of energy in the loose mauls they seemed unable to avoid.

The next match was against Old Shooters Hillians, and this was more of a formality, allowing the team to settle down and tighten up their passing. The 18—3 score suitably reflected the superiority of the Guy's side, Shutes scoring two tries, Smith one and Blackwood one. This match put Guy's into top form for the semi-final against Streatham-Croydon I, who had two easy games to reach this stage. This was Guy's best performance of the afternoon, in which they played more urgent, fluent and attacking rugby than their opponents, who had been widely tipped to win the place through to the final round. Guy's took an early lead with a penalty by Elliott, and soon went 8—0 up when Neville scored a try which was converted. From the re-start, Streatham-Croydon had a long period of possession which culminated in a break-through by their centre, who was well tackled by Lewis, and they lost the ball. From then on, Guy's were in command, and Elliott landed another penalty towards the end; Shutes finished the match off with a long solo try after breaking away in his own "25", to make the score 14—0. Meanwhile, Richmond II had made progress through the rounds, and in the other semi-final played Eton Manor, who were a robust, fast team. Richmond II won 6—3 in the end, but only after a very hard battle.

The final was a disappointing match in many ways, but for sheer excitement was the best of the day. Richmond opened the scoring with a dubious try on the blind side, which was unconverted. For the rest of the first half, they held the territorial advantage, but were stopped by some good defensive tackling. Just on half-time, Neville put Blackwood away on his own line, and Blackwood went the full length of the field, handing off one intending tackler only to be caught by the same player about five yards short of the Richmond line. Here the ball was flung straight into touch by a Richmond player, whereupon the referee awarded a penalty: as Elliott took a short penalty, he was tackled from behind, but apparently this was alright with the referee.

However, Guy's drew level early in the second half with a chip by Smith, which Shutes ran on to. Price then scored about 90 seconds from time, making the score 6—3. Unluckily, Richmond were allowed through to score right on time, although as their conversion attempt failed, the match went into extra time. Here Guy's pressed hard and almost went over, but Brooke, the ex-England centre, broke away from half-way line and strode to the corner, to give Richmond II the honour of meeting Loughborough Colleges at Twickenham.

Teams.—I: J. Shutes, J. Price (Captain), D. Smith, D. Elliott, R. Blackwood, D. Lewis, C. Neville. II: H. Burry, P. Williams, I. Baker, C. Croft, J. Davies, G. Hey, R. Burt.

B.D.S.A. SEVEN-A-SIDE TOURNAMENT

(Guy's "A" VII—Cup Winners)

As they were semi-finalists last year, Guy's "A" VII had a bye into the second round. Their first match was against a surprisingly keen Cardiff "C" team. After a hesitant start, taking several minutes to open the scoring against their drinking companions of the night before, Guy's won 15—0.

The second match was against the Royal Dental Hospital and was even slower, no points being scored in the first half. The "A's" appeared to be saving themselves, and won 10—0. This win put them into the semi-final, the first opportunity for many of the other Guy's sides to see their favourites against the favourites of the competition Cardiff "A", who had had a work-out at the Odeon with Clint Eastwood the previous night.

The partisan crowd ensured a grudge match. Despite the spectacular per-

formance of the Cardiff "A" VII, which included a ten-minute limber up and gymnastic display before each game, the two sides were evenly matched. Cardiff had trained for six weeks before the tournament. Guy's had trained only the night before—in the bar! On the field the Guy's tackling was equal to all of Cardiff's tricks, and a stalemate seemed to have developed until Barough took control. Following a scrum ten yards inside the Guy's half, he caught the ball and ran outside the wing men and, stepping inside the full-back, ran sixty yards to score what turned out to be the only score of the match.

Cardiff support at this point was suitably quiet—the only sounds to be heard were the screams of delight from twenty odd hysterical Guy's supporters. The Cardiff confidence visibly wilted. On two occasions they had the overlap, but poor finishing frustrated their efforts. Guy's defence held out; on one occasion they pushed a Cardiff player out of the goal area, thus preventing a score. At the final whistle, Guy's had won 3—0, but Cardiff refused to shake hands—perhaps their tradition is different.

The final was against Belfast, who had beaten the London 25—3 in the other semi-final. Guy's tackling was superb, and all the members of the team showed remarkable speed and anticipation in defence; notably Cunliffe and Burt, the half time score was 3—3; Merrett having scored an excellent opportunity try around the blind side of a scrum ten yards out, and Belfast capitalising on Guy's only serious mistake of the competition.

Barough fortunately scored a second match winning try following a period of prolonged open play. Receiving a long pass from Merrett after a scrum, he showed some determined but controlled running by accelerating outside two men and handing off the covering winger to score another beautiful try.

Guy's excellent defence ensured Belfast were given no further opportunities to retaliate and Guy's were worthy winners at the final whistle. It was a triumph of team effort; the whole team played superbly. Cunliffe, Lewis and Williams provided superb tacking and running. Burt and Neville dominated the line-out and Neville controlled the speed of the game allowing Barough to use his pace off the mark and Merrett to exploit his long pass to full advantage. The team was thus well-balanced and provided two spectacular matches which I will always remember with pleasure.

Semi Finals: Guy's 'A' 3, Cardiff 'A' 0; Belfast 'A' 25, London 'A' 3.

Final: Guy's 'A' 6, Belfast 3.

D. J. McC.

HOCKEY

PAIGNTON HOCKEY FESTIVAL, 1969

This year the Spirochaetes paid their 12th visit to the Paignton Easter Hockey Festival. On Maundy Thursday, 13 players and one umpire travelled down to Paignton, eagerly looking forward to four days of eating, drinking and playing hockey. The weather forecast was good, so everyone packed sweaters and raincoats, but these were not needed as the weather was perfect throughout the Festival.

The Thursday night, like every other night, was spent in the Palsham Arms, the Mecca of all those people who had endured the long journey to Paignton without a drink, spurred on by the thought of "Scrumpy and a dash"—to the uninitiated—local cider with a dash of lemonade. At closing time a visit was made to the Benfield Bonair, where the St. Thomas's team were billeted. There, the Spirochaetes tried, somewhat unsuccessfully, to re-establish a friendship with Arthur, the manager.

The first game took place on the tarmac parade ground of Denbury Barracks, which was a rude awakening, as most of the team were in a very delicate state, and the Spiros were lucky to hold the Wolves to 2—0. In the afternoon, the standard improved but to no avail, the team lost 2—0 to the Midwives.

The Friday night was spent in exactly the same way as the previous night and the cumulative effect of two hard nights resulted in a 5—0 defeat by the Sevensiders on the following morning. In the afternoon the Spiros played a Dutch School Old Boys team, and here Chase scored the first Spiro's goal of the Festival. However, the Dutch manner of shouting and arguing amongst them-

selves during play had an annoying effect on many players ,and the chance of a win slipped away, the game ending in a 2—2 draw.

The Sunday morning saw no organised sport and was spent in a variety of ways, reading, sight-seeing, playing soccer, three players went, left foot forward, to church, and one player stayed in bed.

After the short morning's rest, the team played well in the afternoon but were beaten 3—0 by a very good Oddfellows side.

The Monday morning saw another draw, 0—0, against the Mops, and in the last game the Spiro's were very unlucky to be beaten 2—1 by the Stags.

That night the Spiro's left Paignton to face the long journey back to London, with many thousands of other motorists. One player stayed an extra night to try and beat the traffic and also to bring back the collection of pyjamas, ties and sweaters which had been left behind.

Paignton, 1969, was over. Everyone had thoroughly enjoyed themselves, they had eaten and drunk well, and had played hockey to the best of their ability. Three people, however, deserve special mention. Dr. Hunter-Craig umpired all the games very well and very justly, Chris Ackner played his usual blinding game, and "Gannet" Fordham ate exceedingly well.

Team: (from) C. Ackner, A. Gillham (Capt.), S. Averill, A. Bell, M. Horrocks, M. Fordham, B. Martindale, J. Toplis, J. Walker, J. Grace, R. Knight, R. Chase, M. Thomas.

Umpire: Dr. C. J. Hunter-Craig.

G.M.T.

ASSOCIATION FOOTBALL

REPORT OF TOUR TO LONDON BY TOUT VENANT OF MAASTRICHT, HOLLAND,

11th—15th April, 1969.

With memories of last year's very successful tour to Maastricht in their minds, Guy's Soccer Club were delighted to play hosts to our friends from Maastricht, Tout Venant. A party of 15 players and officials arrived at Victoria on Friday, 11th April, to be met by an unusually large Guy's welcoming party, and from there followed a round of social and footballing events, which ensured that our European visitors departed the following Tuesday morning having thoroughly enjoyed their stay in London.

To merely say that the tour was an unqualified success would be to gravely insult the brilliant organisation of our congenial club secretary, Ken Taylor. There was no sign of a hitch in a well-balanced programme, and his arrangements of the various events such as the Farewell Dinner and the trip to the Amateur Cup Final at Wembley, were unbeatable even to the smallest details. The Club is indeed fortunate to have the services of such a dedicated servant. As he will be the first to admit, our secretary was well supported by certain members of the club and several outside friends. To list these people would be superfluous, but they may rest assured in the knowledge that their efforts were greatly appreciated.

On the footballing side, our visitors unfortunately weren't too successful, sustaining two defeats, both by the odd goal. On Sunday, 13th April, they faced an ex-professional XI, organised by our trainer, Sam Docherty, and lost 3—2. Although Tout Venant built up an early 2—0 lead, the guile and experience of the ex-professionals were too much for them, and the class of such players as George Hazlett (ex-Celtic) and Roy Dwight (ex-Notts Forest) showed to give the ex-professionals a close, but deserved victory. Despite the rock-hard pitch, this match provided good entertainment for Guy's best "gate" of the season! The next day, against Guy's, our visitors again lost, this time 2—1, and a report of this game may be found elsewhere in the *Gazette*.

In summary this was a highly successful tour, and Tout Venant's invitation for Guy's to return to Maastricht next year to celebrate their 15th anniversary, brought it to a fitting close.

The Club is indeed grateful to its President, Vice-Presidents and, not the least, the Club's Union, for their generous sponsorship, for without their help,

this tour would not have been possible. As I am sure they will have realised by now, it was by no means a lost cause.

R.P.A.L.

GUY'S v. TOUT VENANT (HOLLAND)

Result: Won 2—1.

Previous exchanges between Tout Venant and Guy's have resulted in clear victories for our friends from the Netherlands. This year, however, the Hospital took the field confident of reversing this trend. The Tout Venant side this season are not the force they have been previously, and injuries and evenings' activities had taken their toll on their team.

Playing in a 4—2—4 formation, Guy's were first on to the attack, and indeed could have built up a good early lead. The Hospital team had the advantage of seeing their opponents in action the previous day and accordingly knew who were their danger men. In midfield, McClure and Lindridge were working hard, and the talented Tout Venant number 6 was not being allowed much room. Unfortunately the Guy's forwards who had been performing well at the end of the season, were obviously affected by the Easter recession and were slow to take their chances. In particular, Baker and Drage were each guilty of a bad miss.

Against the ex-professionals' XI, the Tout Venant left winger had scored two excellent goals (one of which—a brilliant goal—was as good as any seen at H.O.P. in recent years), but he was being kept well in check by the Guy's captain. Ten minutes before half-time, that well-known European campaigner, Dave Lindridge, drove home a fine angled shot to put Guy's into a deserved 1—0 interval lead.

Immediately after the re-start, Guy's continued to press hard, but lack of marksmanship meant that they were unable to capitalise on their territorial authority. After 60 minutes, Steve Edwards substituted for Arthur Godman, a move which proved to be an unwise one, for unfortunately the likeable Club Public Relations Officer was a little slow to settle down, and good covering by the rest of the defence was necessary. For a short time, Tout Venant pressed strongly, and it was during this period that they scored their goal—a low drive at the third attempt by their left winger. Towards the end of the game, Guy's again attacked strongly, and in the last minute of the game were rewarded with a penalty which Lovell calmly placed wide of the goalkeeper to give Guy's a 2—1 victory.

So at the eleventh hour, Guy's clinched the game which really should have been sewn up by half-time. This match completed Guy's programme for this season, which, despite numerous injuries, saw Guy's scoring 128 goals.

Team: J. Wood, R. Lovell (captain), G. Farber, J. Edwards, S. Poole, D. Lindridge, D. Jacobs, I. McClure, C. Baker, S. Drage, A. Godman.

Substitute: S. Edwards.

GUY'S SOCCER CLUB REPORT, SEASON 1968-69

This season saw another full programme for both first and second elevens, a total of 65 games being played. It also saw the second season on the new soccer pitch at H.O.P., which once again has detracted much from the enjoyment of playing, particularly in mid-winter. An early return to our old pitch would indeed be welcome.

First Eleven.

Perhaps the most notable achievement this season was finishing second to St. George's in the U.H. League, fine wins over cup finalists Middlesex and Charing Cross finally ensuring the runners-up position. As in most seasons, the U.H. League was won and lost in the first three or four games, and three early home points lost cost the side the championship.

The first two rounds of the U.H. Cup brought two wins, thirteen goals and a place in the semi-final against Charing Cross. An early goal raised hopes of a victory, but Charing Cross fought harder throughout and proved the more skilful side, eventually winning 3—1.

The performance in the University League, as usual, left much to be desired. While some opponents were very good sides, most teams were well

within the scope of the Guy's eleven, and yet still games were lost. Either the team shows the same will to win that it does in hospitals' football, or it withdraws from the league; there can be no half measures.

From an individual point of view, R. P. A. Lovell must be congratulated on a sound season's play and captaincy, and also J. F. Wood, whose excellent goalkeeping was a feature of the season's play. C. Baker scored goals consistently through skill and courage and perseverance, and proved himself a great asset to the side. As indeed did J. Edwards, who combined sound defensive play with good distribution. As expected, R. T. Davey, I. Nash, S. J. Poole and D. Jacobs played well throughout the season. Mention must also be made of S. Drage, who scored many goals, particularly in the early part of the season, and A. Godman, who played reliably on the left wing.

Injuries hampered the side for long periods, the most notable of these being the loss of D. Lindridge with a broken arm. However, the side improved steadily, and in the latter half of the season was playing quite well, a 6—0 victory over the London being ample evidence of this. One criticism would be the inability of most of the side to pass the ball accurately under pressure. This type of elementary ball skill can only be acquired by practice such as that available on Monday training sessions.

Second Eleven.

The second eleven consisted, as usual, of a hard core of enthusiasts, this year, led excellently by K. Taylor. The advent of a U.H. League and Cup Competition added considerably to interest, and the side acquitted itself well in the League and reached the semi-final of the Cup. The University League regrettably produced its annual struggle.

In summary, a fairly successful season for the club, although the loss of some senior players at the end of the season may weaken the sides next year. However, there are still many good players within the club, and there is no reason why, with a little application to basic football skills, some honours should not be won next year.

I.J.McC.

HOSPITAL INFORMATION

GUY'S HOSPITAL,
LONDON S.E.1

Applications are invited for the post of **Medical Registrar** with duties to commence on 1st June 1969, or as soon as possible thereafter, and appointment until 30th September, 1969 in the first instance. Applicants should hold the Membership of one of the Royal Colleges. Forms of application are obtainable from the Superintendent and should be returned not later than **19th May, 1969.**

GUY'S HOSPITAL,
LONDON S.E.1

Applications are invited from Fellows of the Royal Colleges of Surgeons for the post of **Orthopaedic Registrar,** with duties to commence 16th June, 1969 and appointment until 30th September, 1969 in the first instance. Forms of application are available from the Superintendent, Guy's Hospital and should be returned by **19th May, 1969.**

GUY'S HOSPITAL,
LONDON S.E.1

Applications are invited for the post of **Temporary Registrar** in the Dental Department for Children to attend full-time or on 6 or 5 sessions per week with duties commencing as soon as possible until 30th September, 1969. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than **Friday, 30th May 1969.**

GUY'S HOSPITAL

Applications are invited for the post of **Dental Officer** (General Dental Practitioner grading) to carry out the dental treatment for In-Patients in collaboration with the Dental Consultants and with attendance on six sessions per week. Duties to commence 1st October, 1969. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Saturday, 24th May, 1969.**

PRIZES

TREASURER'S MEDAL AND PRIZE IN CLINICAL SURGERY

March/April, 1969

The following awards have been made:—

L. J. Turner—Medal and Prize
J. F. Dufton—Certificate

PASS LIST

GUY'S HOSPITAL SCHOOL OF NURSING

The following Nurse passed the Final State Examination held in February, 1969 and was omitted from the list in our last edition:—

Fleming, B. J.

UNIVERSITY OF LONDON

2nd M.B., B.S.

N. J. Astbury	M. L. Nancekievill
G. L. Barker	S. C. Ng Tang Fui
N. J. B. Barnard	N. P. Norwell
A. J. Bennett	D. B. O'Keeffe
C. J. Bennett	R. J. Pearce
G. S. Clark	A. J. Pickup
K. J. Collins	G. R. Pietroni
A. D. Crawford	N. R. Pinder
Rosalind M. Dismorr	A. J. Prisk
Rosemary M. Ede	M. A. J. Rosenberg
Jacqueline Filshie	A. M. Royston
J. A. Fleetham	J. E. Scoble
A. E. A. Ford-Jones	G. L. Scott
Dorothy M. Frost	M. M. Shaw
P. C. Gartell	Christine M. Shrimpton
D. M. Gillman	J. C. B. Shutes
C. W. Glazebrook	P. J. Skinner
S. J. Golding	P. R. Southwell
Lynne K. Hampson	R. K. Stacey
P. A. F. Hewish	M. A. Stodell
B. J. Holdsworth	D. F. Stubbs
G. James	Dilys A. Thomas
B. J. M. Jones	Hazel M. Tyson
Lucinda L. Judd	Anna E. Walley
C. J. Lamb	S. C. Wells
J. L. Lewis	R. Wood
P. M. Mowschenson	N. O. Yerbury
R. J. Musgrave	

COLLEGE OF PATHOLOGISTS

Primary Examination

J. Alaghband-Zadeh P. A Trott

UNIVERSITY OF OXFORD

2nd B.M.

Pharmacology and Principles of Therapeutics

M. H. Davies R. J. Hay

General Pathology and Bacteriology

D. A. G. Cook R. J. Hay

D. W. Gorst A. B. Murgatroyd

Special and Clinical Pathology

T. H. P. A. Davies R. J. Jacoby

A. C. L. Fraser P. G. P. Lawler

A. J. French E. J. Will

PERSONAL

WELL ESTABLISHED Guy's dental practice in Beckenham, Kent, would welcome the services of a young Guy's man as an assistant with or without view to succession. Duties to begin July 1st. For further particulars telephone 01-650 1209.

ACCOMMODATION near Hospital for two quiet people, cooking facilities. Tel: 407 1069 before 10 a.m.

GUY'S dental Surgeon seeks partner or associate, please telephone: Canterbury 64836 (evenings).

EIRE—All Electric cottage, sleeps 5/6 on beautiful south-west coast. Available June, September, £10—£12 per week. Box No. 1/5.

FOR SALE—Freehold, prominent corner House in Leigham Court Road, Streatham, 4 bedrooms, 3 reception rooms, one was a surgery, water and all fittings still connected, breakfast room, kitchenette, bathroom, 2 W.C's, large front and back garden, large brick built garage, price £9,500 (or near offer) Box No. 1/4.

CHANGES OF ADDRESS

Dr. and Mrs. R. D. Willcock, The Elms, Buildwas Road, Ironbridge, Telford, Shropshire. Tel: Ironbridge 3087

R. N. Pearson, 2b Glenham Gardens, Havant.

Major R. C. Francis, M.B., M.R.C.O.G., D.T.M. & H. R.A.M.C., Department of Obstetrics, British Military Hospial, Singapore. To take effect from 1st July, 1969.

Mr. and Mrs. H. H. Kenshole, 3 Luctons Avenue, Buckhurst Hill, Essex.

Dr. and Mrs. H. D. W. Plowright, 22 Keen Street, Lismore, New South Wales 2480, Australia as from August, 1969.

Miss M. Dickinson to: Mrs. M. Hall, 41 Rochester Road, Southsea, Hants.

DIAMOND WEDDING

MILNE—To Dr. and Mrs. George Milne, 22 Mount Ephraim Road, who celebrated their Diamond Wedding on April 28th we send our warmest congratulations on reaching this wonderful anniversary.

MARRIAGE

ROBINS—KANGASNIEMI—On 8th March, 1969, in London: Stephen Robins, of Johannesburg, South Africa to Tarya Kangasniemi, of Naantali, Finland.

DEATH

BRADLEY.—On 23rd, March, 1969, at Kent and Canterbury Hospital, Dorothy Mildred, dearly loved wife of Eric Bradley, L.D.S., R.C.S. Eng., of "Greensward," Kingston, near Canterbury, and mother of Peter, Alan and David.

BRAWN—Dr. N. Peter Brawn, M.D. (U.S.A.) aged 39, died at Nassau on 13th February, 1969. He is survived by his wife, his two children and his parents. Deeply mourned.

OLIVER—On 23rd April peacefully at home, Douglas Harold, M.C., L.D.S., R.C.S., beloved husband of Olivia.

WILLIAMS—Ronald Edward, L.M.S.S.A. of Rose Cottage, Golden Bank, Liskeard, Cornwall, aged 75 years.

NURSING APPOINTMENTS

PROMOTION:

Miss H. Smith from Clinical Administrator to Assistant Matron.

Miss V. Fray from Staff Nurse to Deputy Sister, York Clinic.

Miss J. Hunt from Staff Nurse to Sister, Out-patient Department.

TRANSFERS:

Miss B. M. Hirst from Relief Sister to Sister, Christopher Ward.

Miss S. M. Mortley from Sister Christopher Ward to Second Sister in Casualty Department.

Miss K. H. Tweedily from Relief Sister Intensive Care Unit to Second Sister Starling Ward.

ENTERING:

Mrs. A. P. Benton, Night Sister, Main Theatres.

Miss P. A. Davis, Sister, Job Ward.

Miss M. Jones-Evans, Sister, Intermittent Dialysis Unit.

STAFF LEAVING:

Sister M. Baxter, Out-patient Department.

Sister G. Loveless, Esther Ward.

Sister R. Parker, Intermittent Dialysis Unit.

Sister M. Penney, School of Nursing.

Sister S. Sandhu, Starling Ward.

Sister V. Wild, Job Ward.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2109

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Powerful Students

To call the appointment of four students to the Medical School Council simply a prophylactic against student rebellion would be uncomplimentary to both parties in this arrangement. It is true that the move may act to prevent frustration amongst students but it is to be hoped that much more will result from the closer communication between the School and its students.

The new arrangement, which has yet to receive official approval from the University authorities, will put a lot of responsibility on the students appointed to represent their colleagues. For it will be up to them not only to represent student opinion to the School Council, but also to put over the Council's point of view to the students. This will call for a degree of diplomacy rather higher than that shown by a militant L.S.E. picket.

The best thing that could happen would be a widespread dissemination of the Council discussions and decisions, not just the decisions. As pointed out last fortnight, a decision can only be appreciated in the light of the arguments and facts by which the decision was arrived at. Many arguments end peaceably with the revelation of some new factor upon which one side of the argument was based but which was unknown to the other protagonist.

It is not easy to tell everyone what is going on by word of mouth. There is an organ at Guy's that could ensure that discussion and decisions were widely known. But it will wait to be invited to do so.

The Medical Association for Prevention of War

We are pleased to print a notice in this edition announcing the next meeting of this Association whose aims are to study the psychology of war, with the ideal of being able to influence people against war, and the part that Doctors of all kinds can play in the prevention of war and the preservation of a good peace.

These are high ideals, but this does not detract from their positive value. Hitching wagons to stars is giggled at in this cynical age, but the stars are still there and they have not yet been reached. They will not be if no one stretches out to reach them.

Professor Neil

We congratulate Professor D. J. Neil, D.F.C., on the conferment of his new title of Professor of Dental Prosthetics. Professor Neil has been head of the Department of Prosthetics since 1961 and his appointment will bring pleasure to many past and present Guy's dentists.

The Park

Those of us old enough to remember the Park when it was all grass, and sunbathers crowded nostalgically around the returfed plot of grass outside Shepherd's House and quietly gave thanks that another small plot of ground had been reclaimed from the stores, huts and cars of the builders. There were imperious notices forbidding us to trespass onto the newly-laid turves but we were happy just to look and to anticipate the imminent departure of the last of the signs of scaffolding, concrete and tea huts from the rest of the Park.

Stimulated by the re-appearance of this green patch, the rest of the park buildings have also undergone a face-lift. The scaffolding has disappeared from the face of the Nurses' Home, all the window frames of the Medical School have been repainted with dazzling results, and Hunt's House has had all its floors, stairs and landings cleaned and painted, with excellent results. Though all the blossom has now gone from the trees we have seen the displays of tulips and wallflowers brightening the scene. Altogether, there is quite an air of spring, spring-cleaning and hope that the park may soon belong to the Hospital again.

The B.M.A.

Newly-qualified, fledgling doctors, gathered in the dining room of B.M.A. House on Thursday, 8th May, for a thickly disguised recruiting drive and propaganda session. Being only 5 o'clock, the company enjoyed tea and cakes in anticipation of stronger things to come. A brief tour of the excellent B.M.A. library was followed by a question and answer session at which representatives of the B.M.A., the Medical Insurance Agency and the M.D.U. explained their various functions and volunteered to answer questions from the audience. The meeting really caught light when the inflammable initials J.H.D.A.

were mentioned. The B.M.A. leapt to the defence of its position as the recognised representative of all doctors, young and old, and emphasised that it was acutely concerned about the conditions under which junior doctors were expected to work. The J.H.D.A., it was said, was neither representational nor, and more importantly, was it a recognised negotiating body. It was pressed upon the audience that they had the B.M.A. that they deserved, they elected the various regional Committees from which the National Committees were selected and that attendances at local meetings, especially in London, were very poor. It was pointed out that the present leader of the J.H.D.A. had also been Chairman of the B.M.A. Junior Staffs Committee and there were dark murmurings about the propriety of his double position. What was not explained was why this man, having tried to put things right using the established channels, had had to resort to rebellion and the formation of a splinter group to try to accelerate the execution of his plans for reform.

Champagne followed this meeting and the B.M.A., M.I.A., and M.D.U. officials circulated among the prospective members answering further questions and clearing up points raised by them.

A most enjoyable evening. The company left wiser and with the intention of joining some organisation, most of them the B.M.A.

GUY'S DIARY

MAY

29	Th.	1.00	Clinical Lecture. Mr. SHAHEEN. "Management of Neoplasia of the Head and Neck."
30	F.	2.15	Combined Round (Pre-Clinical Classroom). Chairman, Mr. HENRY.

JUNE

3	Tu.	1.00	Clinical Lecture. Dr. VAUGHAN.
6	F.	2.15	Combined Round (Pre-Clinical Classroom). Chairman, Dr. SCOTT.

Exhibitions in the Gordon Museum during June.

Goitre.

Giant Cell Tumours of Bone.

Pathology Quiz No. 8.

The Newcomen Clinic

by

R. C. MacKeith

Dear Ronald,

Your course at the Newcomen Centre was very good and most useful in bringing method and the fruits of thought to an area of practice where we all have developed some skill, but usually not very systematized.

You are so fortunate in your helpers—I liked all the regulars at Newcomen very much, and the atmosphere is delightful. I particularly liked the way you all got on the floor with your patients.

Your post-graduate courses must be more widely publicized; what you teach is hard to get elsewhere, and many other consultants would be interested.

With best wishes—and thanks.

Malcolm.

The Newcomen Clinic formally started some five years ago, providing comprehensive services for handicapped children, but from the beginning teaching such as Dr. Malcolm MacGregor's letter refers to has been seen as a special obligation.

Visitors come from many places in Britain and indeed from many countries. They ask to see the work they have heard about, they ask for comment on their plans, they come to work at the Clinic. Dr. Larry Taft, from Albert Einstein College, New York, spent his sabbatical year with us, Dr. Paul Vio came from Leyden for three months, and Dr. Oji from Nigeria for six months.

Guy's and the Handicapped Child

Guy's has a tradition of special interest in this field. Twenty years ago, Dr. Philip Evans was writing on the Antecedents of Cerebral Palsy and his 1954 paper with Dr. Barton Childs clearly established the important contribution of low birthweight to its origin. Professor Polani showed that the neurological dysfunction seen in the neonatal period when hyperbilirubinaemia causes kernicterus disappears for several months, only to re-emerge half-way through the first year. In parallel. Dr. Ronald MacKeith has had a special interest in the

developmental aspects of paediatics, in teaching and in the reaction of children and their parents to illness and handicap. He has also, for twelve years, edited Developmental Medicine and Child Neurology and organised many meetings including six International Study Groups on Child Neurology and Cerebral Palsy.

The Fifty-minute Phenomenon

In the early 1950s Drs. MacKeith and Polani observed that when parents brought their spastic, retarded or otherwise handicapped children to out-patients, it was not until they had been talking for fifty minutes that they disclosed their main anxieties.

In 1951, Guy's Medical Committee kindly gave their permission to hold a clinic (unpaid) at which $1\frac{1}{4}$ or $1\frac{1}{2}$ hours were allotted for each handicapped child and his parents.

The Origin of the Newcomen Clinic

In 1961, Sir George (then Dr.) Godber at the Ministry saw Drs. Polani, the late Hume Kendall and MacKeith, listened to their desire to work out a better service and agreed that Dr. Mary Sheridan should come once a week to see children at Guy's. In September 1963, the four paediatricians suggested there should be a special clinic at Guy's for handicapped children with a whole-time paediatrician in charge. The Medical Committee thought it should start gradually and Dr. MacKeith took on this project.

In November 1963, the Ministry asked all Regional Boards to consider the provision of special centres for handicapped children; the needs of London south of the river would be met by the centre at Guy's and for London north of the river a new clinic would be needed.

Newcomen House

In 1964 the Spastics Society made available the two upper floors of Newcomen House. This was formerly a doctor's surgery and before then had been a pub. It is beautifully placed just opposite Salomons Centre which, thanks to the goodwill Miss Theisen generates among the mothers, provides normal children for teaching and research and it is also just opposite out-patients.

It is now desperately crowded, so that tiny rooms have to serve three purposes. The drains are defective, and in winter it is cold because anything more than a one watt heater blows the fuses for the whole house. One father said, "we almost decided not to keep our appointment because my wife and I came up last Sunday to look at the outside and it didn't look good." However, inside it is domestic rather than institutional and carrying children up the stairs is good exercise. We have a shrewd suspicion that a potential donor became uninterested when he saw the conditions in which we are prepared to work and some overseas visitors have contrasted the fame of the clinic and the building they find when they get there.

On the ground floor of Newcomen Clinic, Dr. Peter Robson has his Cerebral Palsy Research Unit. Next door is the Newcomen

Domestic Science School sponsored by the three-hundred-year-old Mrs. Newcomen's Charity for the education of girls. In 1912, when the Trustees started this, no School Board provided training in domestic science. Today one might hope that the Trustees would, with contemporary originality, change the purpose of the school to the identification and remedial teaching of specific school learning problems. 6.5 per cent of school children need such help and too often their special needs are recognised sadly late—or not at all. To help in such a project would be a most appropriate project for Newcomen Clinic. It might also solve our desperate need for adequate accommodation.

The Clinic Starts

Dr. Robson's team's special skills in assessing and treating motor disorder clearly fitted very well with Dr. Sheridan's paediatric developmental screening and her special interest in problems of speech and language and the paediatric and neurological knowledge which Dr. MacKeith provided. At this time, Dr. Dorothy Egan joined us to work with Dr. Sheridan in the developmental and social assessment and to mobilise for the children all necessary health, social and educational help from the community services, just as all the specialist medical services of Guy's were available for the children.

The staff was available and accommodation adequate to make a start and doctors were asking us to see handicapped children. There was clearly an urgent need for the Clinic to get going but it was also evident that it would take some time to get financial provision from the National Health Service. Encouraged by an unexpected donation "for handicapped children" from Mr. Charles Hawkins to Dr. MacKeith (on the suggestion of an old Guy's man, Dr. Philip Zorab) and a generous offer from the National Association of Mentally Handicapped Children of £1,200 a year for three years towards the estimated £5,000 a year needed in the first place, Dr. MacKeith started the clinic in 1964, accepting financial responsibility. Early in 1965 the Ministry of Health again showed its interest and approval of this work at Guy's by a two-year grant of £2,000 a year and in April 1965 by a promise of a supplementary grant of £5,000 to enable the Governors of Guy's to include the Newcomen Clinic among the N.H.S. Services provided by Guy's.

The Organisation of the Clinic

The new clinic was given the name of "The Newcomen Clinic". It has a Liaison Committee which is an exemplar of co-operation, with representatives of Guy's Board of Governors, Southwark Borough, the Inner London Education Authority and the S.E. Metropolitan Regional Hospital Board and to link it with the Guy's Medical Committee it has a Clinical Committee of six consultants with Dr. MacKeith as Chairman.

Dr. MacKeith is a paediatrician. From 1964 until December 1968, Dr. Mary Sheridan was an M.R.C. Research Fellow working here on speech and language in children. Dr. Dorothy Egan and Dr. Molly Playfair do the developmental and social assessments, Lady Francis Williams (Research Fellow sponsored by the Charles Hawkins Fund)

and Mrs. Olive Henley (seconded by I.L.E.A.) provide psychological evaluation and Dr. Peter Robson and his team motor assessment. All the specialist departments at Guy's give help and when admission is needed for investigation or treatment, the children—often with their mothers—come into Diplock or the Evelina. Dr. Egan and Dr. Ridout from Southwark Borough, provide invaluable help in mobilising community medical, social and educational help for all children seen here, and Southwark children are visited in their homes and schools by Dr. Ridout and our own part-time Health Visitor, Mrs. Ladd.

The Present Clinical work of the Clinic

Most of the children seen come from hospital consultants. A third come from Southwark, a third from the rest of Greater London and the remainder from the S.E. Region, other parts of Britain and from Hong Kong, Tunis, Iraq, U.S.A., etc. Seventy-five per cent are under five years of age when first seen. The Newcomen Clinic deals with children whom their doctors have found difficult to assess or arrange treatment for, either because the children are very young or the problems multiple. Deciding whether developmental delay in a child under one year is due to motor or mental handicap or both is not easy. Clumsiness, speech disorders, school failure, hyperactivity, as well as epilepsy, muscle dystrophy, cerebral palsy and visual defect need planning of medical and surgical treatment and of education.

The children and their parents are seen and the child's needs for further investigation treatment, education, social help, discussed, decided and arranged.

In our present cramped quarters, treatment can only be provided in Newcomen House for a small proportion who come into Dr. Robson's research project but while the children will continue to go to Eye, ENT and orthopaedic and other clinics, physiotherapy, speech therapy, some remedial teaching and an observation nursery should logically be part of the work of the clinic.

Periodical joint paediatric-neurological, and orthopaedic-physical medicine-paediatric clinics and visits to the Royal Alexandria Children's Hospital at Brighton are regular functions of the clinic.

Counselling and support for parents gets special emphasis for parents are often puzzled and worried. Reassurance can only be done by eliciting the parents' worries and the fifty-minute phenomenon shows that this takes time. But even if the time taken is large, it is worth while. A mother rang and said, "I have an appointment next week; I'm going to kill my baby, will Dr. MacKeith listen to me or will he push me out?" In the event they came two days later, came at 2 p.m. and left at 5.45 p.m., and seemed to understand their situation better.

Teaching

The Guy's medical students get as good or better teaching as at any medical school in the country. The clinic staff give lectures and demonstrations to supplement the other teaching. Dr. Robson teaches students from St. Thomas's as well as from Guy's. A succession of U.S.A. students have come to do elective trimesters and so do Guy's senior students.

When — was born, her mother was told that the child would never be any good and should be put away. She is a Mongol—but, at $4\frac{1}{2}$ years she comes into a low normal category with a learning capacity of about 80 per cent.

Guy's now has a Department of Postgraduate teaching in the very capable hands of Dr. Kenneth Maclean. In collaboration with his department the Newcomen clinic provides vocational training for senior registrars and continued education for Southwark general practitioners and local authority doctors and for paediatricians of the S.E. Region. The Staff give lectures all over England and have also lectured in U.S.A., Rhodesia, France and Sweden.

Last year, the Post-Graduate Federation asked that a course for senior Registrars should be laid on at the Newcomen Clinic. Of the fifteen places on the course, three were taken by consultants.

This is not surprising for there is a back log to deal with. Ten years ago Paediatric developmental screening was taught to students in only very few medical schools. Two years ago a Guy's student came back from an elective at a large London Children's Hospital and said "The registrars there don't know anything about development". Nor were the ways of helping neurologically handicapped children and their families adequately presented to students or to registrars in training.

Education at Medical Schools tends to imply that the problems the doctor will have to deal with are acute ones with onset, diagnosis, treatment and outcome. In fact much more commonly the doctor becomes involved intermittently with a person who lives with his disorder, be it obesity, diabetes, migraine, indigestion. The instructional type of advice suitable for a man with acute appendicitis will not often achieve the change of attitude necessary to keep the person taking his anti-epileptic tablets, day in, day out for years on end.

The young doctor can feel that he ought to cure every case just as he cures acute appendicitis or acute bronchitis. He may feel very frustrated by the patient who won't get better and the normal biological revulsion at the abnormal may act synergistically with this frustration and cause him to feel that what he does is time wasted.

There are rewards. A mother said on her arrival, "I've done a terrible thing, I've stopped his medicines". She was told "Well, it's your child, you can decide". "You see, doctor, the fits stopped as soon as we got into the train for Lourdes, so I thought I could stop the medicines." And at the end of the consultation she said "He's much better and I must thank you, doctor". "Surely you should not be thanking me, but the Lady of Lourdes" "Oh but doctor, I've never told you why we went to Lourdes; we went there to thank our Lady for having met you".

Research

From 1962 to 1968 Dr. Mary Sheridan continued her researches on language development and disorders and her new test of visual acuity applicable to children under a year old is indeed remarkable. Dr. Egan is working on play for handicapped children. Lady Francis-Williams continues her work on children with visuo-motor disorders. Dr. David Vulliamy is at present on a pilot study of children with epilepsy and Dr. Martin Bax is about to embark on an analysis of infants' cries in various situations. Dr Peter Robson's main project is

a long term one to find out whether Bobath treatment of spastic cerebral palsy started before the child is one year old gives notably better results than when started after the child has passed this age; many of us think this seems likely. Three other pieces of his work deserve special mention, those on scoliosis in cerebral palsy, on the later effects of an infant keeping his head turned to one side for the first month or so of life, and a most exciting study of children who move about by "bottom shuffling" instead of crawling, for this may prove to be a dominantly inherited motor pattern. All the research done is educational for those who work with these research workers, but there is much more research that needs to be done on better ways of medical and surgical treatment and on early recognition of those children who are likely to have learning difficulties at school—seven per cent of school children have unexpected learning difficulties and early remedial education might take a great load off these children and off their puzzled and frustrated teachers. We would like to do a follow up study on the best way to convey to parents the news that their child is handicapped, and on the results of the rather time-consuming approach used at the Clinic.

Administration

The clinic would never be able to run if it was not for the devoted work of the secretaries. The organisation of visits, of communication to other doctors concerned and of follow-up is indeed complex. Dr. Macgregor's letter must be taken to refer not only to the Newcomen Clinic doctors' general and clinical gifts but also to their organisational skill and to the devoted help of the secretaries and of Mrs. Wilkie, the mother figure who looks after all the staff, brings them coffee when they have worked all through the lunch hour and cares for the other children who are left in the waiting room. Without their help, the children and parents who come and the doctors who refer them would not be able to get the special help that Guy's Hospital Newcomen Clinic provides.

L.S.D.

by

Dr. David Stafford-Clark

"Why do ants alone have parasites whose intoxicating moistures they drink, and for whom they will even sacrifice their young? Because as they are the most highly socialized of insects, so their lives are the most intolerable. . . . How did savages all over the world, in every climate, discover in frozen tundras or remote jungles the one plant, often similar to countless others of the same species, which could, if only by a very elaborate process, give them fantasies, intoxication, freedom from care? How unless by help from the plants themselves? Opium-smokers in the east become surrounded by cats, dogs, birds and even spiders, which are attracted to the smell. The craving for the drug proceeds from the brain-cells which revolt and overrule the will. . . . Peyotl, one of the rarest and most obscure drugs, yet gave its name to the range of uninhabited mountains where it is found."

Cyril Connolly,
The Unquiet Grave. 1944.

"The interpretation of dreams is in fact the royal road to a knowledge of the unconscious; it is the securest foundation of psychoanalysis and the field in which every worker must acquire his convictions and seek his training. If I am asked how one can become a psychoanalyst, I reply, 'By studying one's own dreams.' Every opponent of psychoanalysts hitherto has, with a nice discrimination, either evaded any consideration of The Interpretation of Dreams or has sought to skirt over it with the most superficial objections. If, on the contrary, you can accept the solutions of the problems of dream-life, the novelties with which psychoanalysis confronts your minds will offer you no further difficulties."

Sigmund Freud.

These two statements crystallize the essence of the dispute which has raged over the use of the drug L.S.D. (Lysergic Acid Diethylamide), during the past five years. The parties in this dispute do not in fact divide into two mutually opposed sects, but rather into a number of groups with overlapping views, who tend nevertheless to gravitate towards two extremes : the one representing an orthodox medical view that L.S.D. has a place in psychiatric research, and may have possibilities in treatment which have yet to be fully confirmed, or indeed to justify the extensive further exploration that such confirmation would require ; the other group moving in the direction of declaring

This article appeared originally in *The Times* on February 17th, 1968.

L.S.D. to be a drug whose principal goal must be the release of personal and social inhibitions, the removal of blinkers : a drug which those seeking enlightenment should take for the sake of the experience which it will give them. These latter-day worshippers of an expanding subjective universe strenuously maintain that L.S.D. should be freely available, without restriction of any kind, for enjoyment or experimental use by all who wish to take it.

Changes in Brain

The drug itself is one of a group of what have been called hallucinogens, or in some instances, psychoto-mimetic drugs ; these names have been used chiefly by members of the medical profession, and refer to the attribute possessed by all such drugs whether synthetic or derived from naturally growing plant or animal substances, to bring about changes in the biochemistry of the brain, and therefore in the environment of the mind. Such changes correspond more to the experiences of severance from reality of the kind encountered in certain mental disorders, than to any normal experience encountered in the waking life of healthy human beings. But many of these drugs, and particularly mescaline and L.S.D., have received from devotees of the latter group the generic name of psychedelic preparations, this name being derived directly from the synthesis of two Greek words, and meaning in loose translation mind-expanding or mind-releasing drugs.

From this it will be clear that to regard L.S.D. as a hallucinogen is to look at it from the viewpoint of a doctor who may use it in research or in treatment: whereas to regard it as the bearer of a psychedelic experience is to belong to that section of opinion which considers L.S.D. a blessing to mankind comparable to the wine and opium of the ancient Greeks, the reconcilers to living and dying presented to man by Dionysius and Morpheus, capable of enriching life and ennobling death by transcending the human limitations of existence.

Protagonist and at least at one time martyr on behalf of the second cause is Dr. Timothy Leary, not himself a physician, but a graduate doctor of philosophy who was formerly a professor of clinical psychology at Harvard University Medical School. It was Dr. Leary's belief in the psychedelic revolution, and his readiness to extend this to his undergraduate students by encouraging them to take L.S.D. in groups under his supervision for philosophical and personal rather than for medical reasons, that led to his being asked to resign his appointment at Harvard, and his subsequent assumption of the position of leader of the cult which he now only partly controls.

Dr. Leary has claimed as many as 50,000 followers of the psychedelic revolution in America, and on a lesser scale its counterpart is to be found in the beatnik groups of our own society in Great Britain. But while Dr. Leary has always maintained that the taking of L.S.D. is a more significant experience than simple searching for kicks on the one hand, or risking drug addiction on the other, the exact number of his true followers is quite unknown : and it seems possible that

almost as many people have taken L.S.D. for the reasons which he condemns, as have received it from his hands or those of his followers.

For most doctors, the whole cult of self-administered hallucinogens is an anathema more pernicious than the indiscriminate use of alcohol in society. It is to some extent surprising that L.S.D. should have proved so formidable an adversary to orthodox medical opinion in this respect, since for many people the experiences of distortion of space, time, and concurrent emotional involvement, are more like those of a nightmare than of the beatific vision. Moreover, unlike mescaline, the distilled juice of the Mexican poppy or peyotl, quoted in Cyril Connolly's reference above, L.S.D. has not previously been traditionally used in other societies.

Simple Formula

Mescaline, known and used by South American Indians for hundreds of years, was the first hallucinogen to be taken up experimentally in medical research some 50 years ago. It has a comparatively simple chemical formula, not unlike that of adrenalin, and is the only one of the known hallucinogens which does not embody in its structure the particular configuration of molecular arrangement known as the indole ring. Nevertheless it seems highly probable that following ingestion, mescaline becomes changed to an indole ring type compound, and that this is what gives it its hallucinogenic properties. The resemblance between adrenalin, a naturally occurring chemical produced in the nervous system of men and animals, as part of the general response to stress of any kind, led to an elegant theory about the possible biochemistry of the severe mental disorder, schizophrenia, which completely alters normal contact between the individual and his environment, as well as his capacity to understand and communicate this.

The basis of the hypothesis linking schizophrenia, stress, and adrenalin on the one hand, with the hallucinogenic effect of mescaline on the other, was the fact that bottled adrenalin, partially exposed to light, will in time change spontaneously into adrenochrome, a pink liquid whose chemical structure includes an indole ring.

L.S.D. differs from adrenochrome largely in being a considerably more complicated substance (it has three benzine rings and one indole ring as its basic chemical formula), and in surviving ingestion; so that of all the hallucinogens it shares with mescaline alone the property of being a drug which can be taken readily by mouth, and which produces extremely powerful effects in minute doses. A thirty-millioneth of an ounce can turn the senses inside out ; sounds may be seen, colours heard: and experienced or adventurous users of the drug may increase this dosage five to 10 times.

Distinguished proponents of the psychedelic theory in the early days included Aldous Huxley, whose book *The Doors of Perception* suggested that man's consciousness was normally blinkered like the eyes of a sensitive horse to prevent distraction by the innumerable direct and indirect experiences of reality which might otherwise swamp man's willingness or capacity to concentrate on the simple tasks of

living. To take a hallucinogen, said Huxley, is to remove the blinkers, open the doors of perception, and to gain the kind of insight which may only otherwise come as part of the revelation of a mystical experience; and then only to the chosen few who have forsaken all else to discover it.

Since it is obviously very much easier to take a few drops of a colourless liquid or a small capsule than to undergo the self-discipline of the life of a mystic, with its emphasis upon seclusion, contemplation, and asceticism, it was clear that there was likely to be considerable popular appeal about the indiscriminate use of hallucinogens in general, and mescaline and L.S.D. in particular. L.S.D. is in fact comparatively easy to make, and until very recently was freely made and fairly freely available on prescription to any doctor who had use for it.

But the emergence of a black market in L.S.D. in Britain and the United States has led to the cessation of its manufacture and to the withdrawal of the drug from the market altogether. It is, however, still possible for bona fide research workers and doctors with interest in the clinical possibilities of L.S.D. as a therapeutic agent, to obtain limited personal suppplies of this drug through their own hospital or other authorised pharmaceutical sources.

This withdrawal of the apparent freedom of ordinary members of the public to take L.S.D. at will is in fact the withdrawal of a freedom which has never been granted. From the beginning of its manufacture and use in Britain, L.S.D. has been regarded as a dangerous drug, obtainable only on a prescription from a doctor, and confined in its official use to research or treatment.

One of L.S.D.'s leading British protagonists, Dr. A. M. Spencer, has said that in his opinion and experience it has unique value in this respect. Unlike mescaline, it has no specifically intoxicating properties, and when administered by mouth in the correct dosage it will enable patients to recover long forgotten memories of early childhood.

"In the recovering of these memories the patient often feels the physical size he was at the time of the remembered incident. Patients describe dramatically how they have reverted to the size they were at five, six or 10 years of age, and how everything and everyone in the room, furniture and adults, are the appropriate size they would be if seen through the eyes of a five, six or 10-year-old child. This realistic slipping back into childhood accounts for a further valuable effect of L.S.D.—the ease with which the patient is enabled to form a close, temporarily dependent relationship with the person treating him. The doctor uses this to free the patient from those fears and disturbed relationships of early childhood which have crippled him emotionally and resulted in his neurotic illness."

L.S.D. sessions of this kind can last as long as eight hours, and can involve the release of considerable emotion. Dr. Spencer has emphasized that in his view this released emotion is itself healing, provided that it occurs under conditions in which the patient feels safe and secure. This means of course that the patient must always be accompanied by a trained nurse and for much of the time by the

doctor responsible for treatment. The initial experience of treatment is often extremely personally disturbing to the patient. The nightmarish qualities already alluded to can take the form of long forgotten fears which now have the impact of immediate events, as well as the experiencing of violent and contradictory feelings towards important people in the patient's early life, particularly parents. Freud's early work with dreams and unconscious fantasies of his patients led to his original discovery of the many complex, contradictory, and sometimes explosive feelings released during the process of psychoanalysis.

No Miracle Drug

Not all doctors would agree that L.S.D. has either so clear-cut or so salutary a role in the treatment of mental illness. An American documentary film, *The Spring Grove Experiment,* was broadcast on B.B.C. television, and was preceded by a brief appraisal by me. It was subsequently discussed on "Late Night Lineup", by Dr. Spencer and another psychiatrist, Dr. Willis, who might be taken as representing the point of view of this article. They were united in condemning the indiscriminate or personal use of L.S.D., or any hallucinogen, whether in search for kicks or philosophical truth.

American psychiatry is still heavily weighted by psychoanalytic concepts, to the exclusion of other forms of treatment, and lags many years behind Britain. Because of this, the more rapid results claimed for L.S.D. seem like a miraculous breakthrough to the American reporter. But L.S.D. is no miracle drug, nor has it yet been proved to produce more lastingly favourable results than other drugs properly used in combination with other appropriate medical and nursing techniques. It certainly has a place in the broad spectrum of psychiatric research, both physiological and psychodynamic : more than that no one can say.

What *can* be decisively said at this stage is that the revelations claimed by exponents of the psychedelic revolution have proved on further scrutiny to be neither revealing nor revolutionary. Their paintings have no special quality, their writings no special insight or illumination. In short, the place of L.S.D. is in a hospital, or a laboratory, not in the home or the beat club, nor even in the temples of the new philosophy which rests upon the "psychedelic revolution" in the United States.

The Non-Incidence of Disease

by

Michael S. King

It is the new diseases that initially hold one's attention in coming to practise medicine in a foreign country. After a few months the absence of some of the old familiar British pathology becomes increasingly intriguing. This is true of Malaya.

Malaya

Malaya has a population of eight and a half million, living mainly on the coastal plains that reach to the sea from the central mountainous ridge. There are roughly equal numbers of Malay and Chinese and about one million Indians. Lying a few degrees north of the equator, the country has an average daily temperature of 86° F. the year round and a high rainfall. Four-fifths of the country is virgin jungle and the rest is covered by rice and rubber plantations. Tin mining is the other major industry. The magnificent new University Hospital and Medical School (recently visited by Sir Rowan Boland) will this year produce the first 68 Malayan trained doctors, in a few years the annual figure will be 120. Their training is in English, using familiar British and American textbooks. How will the incidence and emphasis of disease in these books compare with what they will meet with in practice?

No Malays

The first "non-incidence" to note is the lack of Malay patients. There are more Indian than Malay patients, and the urban Chinese occupy almost three-quarters of all hospital beds. The Malays are mainly rural and are reluctant to seek medical advice. They take their disease to the "bomahs" (witch doctors) in the Kampongs. The Chinese will often consult their "sin-sehs" who will use herbs, caustics, and acupuncture, and set fractures. A variety of acupuncture using incense sticks is used to produce small burns over that area of the body to which pain is referred. The resulting scars may be a valuable diagnostic aid, since physical signs have an increased importance here. Very often a local doctor, who usually speaks English, his ancestral language, and Malay, will need an interpreter to obtain a history from a patient speaking a different Indian or Chinese language.

Non-problems

In the surgical and obstetric wards the houseman has really no need to encourage the post-operative and post-partum patients to keep their legs active. This daily task in the West is unnecessary here since pulmonary embolism and its precursor deep vein thrombosis, are extremely rare. A while ago an overseas research worker came to study deep vein thrombosis here, well he is still looking for his first case! This remark is not without a message because it is in

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studies in those countries with an unusually high or unusually low incidence of any particular disease that advances are likely to be made.

Peptic Ulcer

The low incidence of peptic ulcer among Malays, even bearing in mind their reluctance to seek medical advice, has been known for at least forty years. They, however, eat highly-spiced curries and are fond of the innocent-looking but hot chilli. The Chinese, on the other hand, who may be said to exist on an "Ulcer diet" have a high incidence of peptic ulcer. The resting acid and maximal histamine test meal figures on normals of all races are the same. Comparing the easy going Malay with the energetic Chinese, one cannot but draw the conclusion that psychic factors are at work. Crohn's disease and ulcerative colitis, often considered stress diseases, are rare in Malaya, and the very few cases recorded have usually been Indians.

Psychiatry

Rather surprisingly, the pattern of psychiatric disease in Malaya is similar to that in the West, but drug addiction among the young is pleasantly infrequent. When seen here it is in the old men who have taken to the habit to sustain the prolonged physical labours of their youth, often in the tin mines, and have grown old easily with opium.

Surgery

To return to surgery : hard knobbly livers are less likely to be due to secondary deposits and more likely to be due to primary hepatoma than in the west. The commonly held opinion that gastro-intestinal malignancy is relatively infrequent in Asia does not appear to be true. Neither does Courvoisier's Law ! In Asians, when an enlarged gall bladder is palpapated in the presence of jaundice the cause is most likely to be a stone in the common duct. The stone will not be the western high cholesterol one but will consist mainly of pigment, and many believe it will have formed primarily in the common duct. There may be a dietary cause for this because, in Japan, the pattern of biliary disease has gradually changed as the diet has become more western, with steaks being served instead of fish and rice. The cholesterol content of stones in Japan has increased over the years. Dietary factors, including the lack of refined carbohydrates, probably accounts for the virtual absence of diverticulitis and hiatus hernia in Asians. Varicose veins are not common, and when seen, the condition is severe and usually in males. Pilonidal sinus is rare except in the hirsute Sikhs. Ischaemic ulcers and gangrene are not as common here, presumably because atherosclerosis is less prevalent. Buerger's disease, classical in every way, is however extraordinarily prevalent in all races and accounts for much of the peripheral gangrene.

Medicine

In the medical wards, if one expects cardiac disease, including rheumatic heart disease, to be rare, a disappointment is in store. Pernicious anaemia and multiple sclerosis are both very uncommon, however.

Paediatrics

In the paediatric wards, phenylketonuria and fibrocystic disease

are both very rare, but juvenile diabetes is not. Congenital dislocation of the hip is almost never seen, and this may be because babies do not lie in cots and prams by day, and the method of carrying the baby on the hip or back provides a natural prophylactic splint. Remaining with orthopaedics, there is an impression that rheumatoid arthritis is rather uncommon. X-ray evidence of spinal osteophytes is common and may reflect the heavy loads carried.

In the neonatal wards jaundice is less often seen than in England, and when it occurs here it is not due to rhesus incompatability. It is due to inherited Glucose-6-phosphate dehydrogenase deficiency. The incidence of Rh. negative persons is very low and O positive blood is often carried for emergency transfusions.

Geriatrics

With about half the population under 21, compared with less than a third in the west, another "non-incidence" is geriatric problems. Families can be very large and they reflect the world need for birth control. The expatriate tax-payer filling forms is likely to be startled when he comes to "full names of wife/wives who lived together with you in your year of assessment"! The Asian extended family ensures that even distant relatives would feel obliged to look after the aged infirm patient. However, the young here have not the same freedom of decision about a career, marriage and where to live, as in the west. They must support and live with the extended family.

But we do have . . .

Lest from this account Malaya should be thought to be basking in perpetual health as well as perpetual heat, there is the other side of the coin. Bacterial disease, T.B. of all sites, and malaria, are common but are being brought under control. Cancer of the naso-pharynx is second only to cancer of the cervix as a killer in the Chinese, and oral cancer is very common in Indians.

The reasons for the decreased incidence of the metabolic and rhesus diseases must be genetic. Even here there may be as yet unknown environmental survival factors at play, such as is known to support the sickle cell gene in malarial areas. High bulk unrefined carbohydrates and low animal protein intake would seem to protect against diverticulitis, hiatus hernia, venous thrombosis, cholesterol stones, and possibly varicose veins and atherosclerosis. The low incidence of bronchiogenic carcinoma reflects the cleaner air and lower cigarette consumption in Malaya.

East and West

The patterns of disease are therefore different . . . "And never the twain shall meet" . . . but it seems that they may in the distant future when public services, smoking and dietary habits, ways of life, and levels of affluence in Asia approach those of Europe. This is happening already, especially in Japan.

Then the final line of Kipling's ballad could be altered without altering the sentiment to take on an additional, if more superficial, meaning :—

"But there is neither East nor West, Border nor Breed nor Birth,
When two sick patients lie side by side tho' they come from the ends of the earth."

TRIBUTE

George Osborn

I should like to add my tribute to George Osborn, with whom I have been associated during the past 35 years.

The biopsies from the skin department were all processed by him. There must have been many hundreds of biopsies and many thousands of stained slides. Not one of these slides was anything but perfect in the sectioning and the staining, and the skin is one of the most difficult of tissues to cut and stain without producing artefacts.

A Guy's cut skin section was recognisable because of its perfection and clear, luminous staining. The slides could be projected at meetings and conferences with pleasure.

The late Dr. W. Freudenthal, who was a world authority on Histo-pathology, came to this country in 1933 from the famous Jadassohn's Clinic in Breslau, re-established dermatological histo-pathology in this country, and built a library of skin sections at University College Hospital. He used to refer to Osborn as "the good Osborn". He recognised the technical excellence and consistent quality of the sections that Osborn provided for him.

Another aspect of Osborn's work, which was very important, was the care with which he supervised and instructed the laboratory technicians who passed through the department. They, in turn, respected his ability and interest and took up his standards.

George Osborn was a brave man and sustained his considerable physical disabilities during the last years with great fortitude, and continued his work at Guy's with as little interruption as was humanly possible.

Osborn's many friends feel a deep sense of loss.

L.F.

NOTICES

Art Society

Mr. Wally Pharo, M.B.E., is coming to Guy's to give a talk and painting demonstration on Monday, 9th June, at 5 p.m. in the North Common Room. The subject will be "Let's Find and Paint a Picture".

Everyone, an artist or not, is invited to come along and watch.

Morna Van Essen, Honorary Secretary.

Medical Association for Prevention of War

(Summer Meeting)

A Conference will be held at Newnham College, Cambridge, from Friday, 4th July to Sunday, 6th July, 1969, on the subject of "The Doctor as Peace-maker."

Among those who have provisionally accepted invitations to take part are : Dr. Bruno Gans, Dr. Renate Laxova, Dr. Joseph Mitchell, Lord Platt, Dr. Malcolm Potts, Dr. Elisabeth Shoenberg, Dr. Cicely Williams.

Provisional bookings can be made through the Conference Secretary, Mrs. Kate MacSorley, 238, Camden Road, London, N.W.1.

Guild of Ex-patients and Friends of Guy's Hospital

The Guild of Ex-Patients and Friends of Guy's Hospital held their 19th General Meeting in the Physiology Theatre on 30th April.

Miss Emily E. P. MacManus, C.B.E., travelled from Ireland to take the Chair.

The Hon. Treasurer, Mr. A. C. Edwards, reported that the Guild's finances were still in a very satisfactory state and continued to show an increase.

Dr. P. J. Helliwell, Superintendent of the Hospital, thanked the retiring committee members for their services and spoke of the great help the Guild gives the Hospital.

Matron, Miss Titley, proposed a vote of thanks to the office bearers and members and Miss MacManus replied on their behalf.

Past v. Present

A Cricket Match between the present team and a team of past members will take place at H.O.P. on Saturday, 7th June. The match will start at 11.30 and all spectators will be most welcome at this festival event.

I. A. Baker

Comment on "Ode to Guy's Men"

("Guy's Hospital Gazette", 10th May, 1969)

Tending with care the patients in their beds,
Guy's nurses treasure more their maidenheads.
Out, oafish men! Cheap Austel brau and cheese
Are not the ploy to vanquish such as these.

The ode that readers find in the "Gazette"
Reveals a state by far the foulest yet.
Have Guy's men now the morals of a dog?
Must willing nurses wear a golliwog?

Tried and Failed, 1946.

Ode to whom it may concern

I'm tired of the plaintive and outspoken cries
Of disgust with the young men who study at Guy's.
Of course we talk rugby, medicine, dentistry too,
And parties are things that we often go to.

But what do you talk of?
Your grapevine is rife
With the latest events in the Guy's student life.

Most of us Guy's men enjoy female friends
Who help us to cater to Guy's social trends,
But fix dates with a Radio, Physio, Nurse,
And you're right in the Grapevine,
Chapter and Verse.

The young men of Guy's that you'll never meet
Are not the outstanding or the elite.
They're not the ridiculous or the sublime,
But somehow they manage to have a good time.

J. P-P.

NURSING SECTION

Report of the Annual General Meeting of the Guy's Hospital Nurses' League.

What a week—the inauguration of the newly-upgraded School of Nursing in Shepherd's House on May 12th, the Nurses' League Annual General Meeting on the Wednesday, and the week ended with yet another enthusiastic, if at first bewildered, invasion of 67 entrants to the Introductory Course!

To comment on the Reunion first: once again the occasion was heralded by typical British weather, but this proved no dampener on the numbers and springlike hats, which flocked to their Alma Mater for this annual pilgrimage. The afternoon began with Evensong in the Hospital Chapel. The Service was conducted by the Chaplain, the Rev. R. Beevers, and the Right Reverend Ambrose Reeves, Assistant Bishop of Chichester (formerly Bishop of Johannesburg) was the preacher. The lesson was read by Miss E. E. P. MacManus, the President of the Guy's Past and Present Nurses' League. Once again the Hospital Chapel Choir led the congregation, and the anthem, "If ye love Me, keep My Commandments," by Thomas Tallis, sung by the Choir, added greatly to the sense of worship.

The 69th Annual General Meeting of the Guy's Hospital Nurses' League was then held in the Physiology Theatre. The Chairman of the League, Miss L. R. S. Titley, welcomed the President and all members present, and then invited Miss MacManus to chair the meeting. Bishop Reeves and other guests and members were welcomed by the President, and she spoke especially of absent friends.

The Honorary Secretary, Miss Titley, then presented her report. Lord Robens had sent his good wishes and regretted his inability to be at the meeting. Grateful thanks were expressed for all the unstinting work done by the Honorary Officers. Matron mentioned, with amusement, that her request to the League Council for a Vice-Chairman was approved with the appointment of none other than "Sister Florence" and Mrs. Blackburn had accepted the office of Assistant Honorary Secretary, with full Honorary Officer status. The discontinuation of the Nurses' Annual Prize-giving, with the institution of an Open Day for Parents to be held at the end of each Second Year School, was announced. In future an annual Bursary in lieu of prizes, would be awarded, the terms being:—

> "That money be awarded to any nurse applying for it for educational purposes within a specified period of completing her training at Guy's, provided that the nurse concerned had given a minimum of six months' service as a staff nurse and had made a good contribution to nursing. The Bursary would be advertised in the same way as the Cosmo and Mabel Bonsor Scholarship, and there would be a sub-committee to administer it."

In future, Matron continued, the Cazenove Medallists would join the Governors for lunch before the meeting of the Court, at which the medals would be presented.

Clinical Administrators were now part of the hierachy, and Matron explained their responsibilities. It was also reported that once a month a representative Sister lunched informally with the Governors, allowing an interchange of news and views.

Matron announced that five people were being helped by the Scholarship Fund and Guild of ex-Patients to attend the International Congress of Nurses in Montreal this summer, and that the Board of Governors were sending Sister Thirza Swindells and Sister J. Ling.

The meeting was informed of Sister B. White's appointment as Deputy Matron, and that Sister M. A. Day would be taking a well-deserved holiday before entering upon "pastures new"; Matron said that Sister Day would be missed very much and conveyed good wishes to her.

After informing the meeting that the Schools of Nursing, Radiography and Physiotherapy were now in one building, Matron thanked everyone for the

welcome and many letters which she had received on her return to "ours and Mr. Guy's Hospital."

Mrs. G. Hunt proposed the adoption of the Honorary Secretary's report and was seconded by Mrs. S. Maddison.

The President then invited Miss F. Taylor to report on the Journal. Miss Taylor refuted Matron's eulogy that the League was indebted to her for taking over the Editorship of the Journal, as she said she was a member only of the Editorial Committee! In spite of many difficulties beyond their control, Miss Taylor was delighted to report that the Journal had been circulated.

Mrs. Vivienne Blaikley, the Honorary Treasurer, presented the Balance Sheet and reported a decrease in the outlay of the Benevolent Fund, and appealed for names of League Members in difficulty. Mrs. C. Offord proposed the acceptance of the Balance Sheet and was seconded by Mrs. P. Hallinan.

The Chairman then asked Bishop Reeves to present the Butterworth Medals to the following Sisters: Miss R. Lane, Miss J. Ashton and Mrs. M. A. Baxter.

A lively and interesting report was then given by Dr. P. J. Helliwell. He spoke of a turbulent year in coming to grips with uniting the Group, but was certain that a great deal would be gained out of the amalgamation. After mentioning completed schemes, such as the Department of Physical Medicine and Rheumatology in Shepherd's House, Bostock House and Starling Ward, Dr. Helliwell outlined other projects which were in progress or on the drawing-board. St. Olave's was to be the new post-graduate centre of the Group and Progressive Patient Care was to be assessed to see if it would fit in with under-graduate teaching. Finally, Dr. Helliwell recounted the various changes among the Medical Staff and also mentioned that "Baker" of Nuffield House, had retired recently, adding that there had been a Baker at Guy's for over 200 years.

Mr. Burfoot followed with a short account of the future plans for the new laundry and multi-storey car-park and the problems which the site on the Nelson Playground was presenting.

A final vote of thanks was then proposed to the Medical Superintendent, Matron, the Chairman of the Board of Governors and all the Council for their work by Mrs. R. Horlock, seconded by Mrs. Lee.

The meeting then adjourned to the Nurses' Home for as delicious a tea as ever, and thanks are due to Mr. E. MacCormick for the continued high standard of the catering, and to the Staff of the Nurses' Home for the artistry of the floral decorations.

The afternoon ended with several visits to favourite haunts and to departments opened since the previous year's meeting.

(The Nursing Correspondent wishes to apologise for any deficiencies or errors in her reporting, but the acoustics were not always good up "in the gods!")

THE SCHOOL OF NURSING.

Although the first event of the week mentioned was the inauguration of the newly-upgraded School of Nursing, along with the Schools of Radiography and Physiotherapy, a smaller area of the accommodation had been in use for a year, and the new Library for a fortnight along with an all-purpose classroom. The excitement came with the inception of the new Lecture Room, with a projection room and facilities for cinema projection and a level of sound-proofing, as well as air-conditioning. Gone should be the days of the sleeping student in the back row!

To orientate readers to the geography of the educational facilities now jointly housed in Shepherd's House: ascend to "B" floor by a new lift and enter through swing doors. Here are to be found the shared facilities of the Lecture Room and Shepherd's House Library, as well as modern kitchenette and comfortable and colourful Common Room for Tutorial Staff.

Continue up to "C" floor and enter swing door, designated School of Nursing. Here there are some of the offices for tutorial staff and Secretary, as well as one practical classroom and one classroom.

On "D" floor, designated School of Radiography and Radiotherapy, will be found further tutors' offices and one all-purpose classroom and one large classroom. At present most tutorial accommodation is shared by two or more tutors.

To descend to "B" floor again: the Library (the old North Classroom for former generations) is arranged with study bays between modern Terrapin bookshelves, with a display board and study-bench down the centre. There is also a well-fitted Librarian's unit. The floor and table and bench tops are in quiet, pale, tones, contrasting with black bookshelves and bright blaze of colour from the curtains.

The Lecture Room (the former Library, plus the South Classroom), which is literally second to none in equipment, has facilities which almost defy description by such an ignoramus as the Nursing Correspondent. There is control for the 16mm. projector and slide projector, both from the Projection Room and from the platform; also facilities to speak from the platform to Control Room and vice versa. Although the amplification of sound from the platform is such that the microphone will rarely be needed, there will be *no* excuse for future students to end up with a page of "noughts and crosses" because "we could not hear the lecturer"!

Other facilities not yet available for use in the Lecture Room will include educational television link-up and stereophonic sound. At the moment the non-electronic cerebral cortexes of the tutorial staff can just about master using the projector and dimming the lights from the platform control! As for possibilities—the lecturer can be left in control of his own visual aids, without the possibly off-putting presence of a Tutor, and students can be left with a taped illustrated lecture to imbibe at their own speed.

I admit to the limitations of this account, which includes the School of Nursing only, and, to quote from Matron's Report at the League Annual General Meeting: "As Sister Brysson says, 'We haven't finished yet!' "

However, for what we have received, perhaps an opportunity might be taken to express gratitude to the many concerned in this undertaking. To name but a few: Lady Boland, Mr. J. H. Carruthers, Watkins Gray Group 2 (Architects), L. J. Schwarz & Partners (Consulting Engineers), R. Travers Morgan & Partners (Consulting Structural Engineers), C. P. Roberts & Co. (Builders), and, above all, to the Board of Governors who made it possible.

Finally, this account cannot be complete without expressing the appreciation of all the Staff of the three Schools to their respective Heads for bearing so patiently with what may have appeared to be the grunts and groans of their colleagues and students who have had to work under considerable difficulties while all this upgrading has been taking place.

Appointments :

Miss H. Preinfalk, S.R.N., C.M.B., Part I, to the post of Relief Sister, Medical and Surgical Intensive Care Wards.

Promotion :

Miss A. M. Williams, S.R.N., S.C.M., to the post of Sister Main Theatres from the post of Staff Nurse Main Theatres.

Retirement :

Sister E. M. Marvin, S.R.N., R.M.N., Nurses' Health Service, on June 2nd, 1969.

CORRESPONDENCE

Student Representation

SIR,—The School Council is, subject to the over-riding sanction of the School Governors, the most powerful executive body in the Medical School. At Guy's it is widely representative of the School and Hospital Staff, and is the same as the Academic Board; in addition to the usual duties of that Board, it has, by tradition, dealt with appointments and other matters of Medical School executive policy. At its meeting on the 1st May, the following item appeared on the agenda:

"To receive a report from the Dean on his meeting with the student members of the Clubs' Union Council, the Students' Club Council, the Dental Society Committee and the Medical Students' Education Committee on the nomination of two medical and two dental students to serve on the School Council and on the best method of disseminating information among the student body. To consider inviting the students, who are nominated to serve, to attend meetings of the School Council pending formal approval by the University of the necessary change in the Scheme of Management."

When the changes in the Scheme of Management mentioned in the above item have been brought about, four Guy's students will be full members of the School Council and will be able to take part in shaping the policy of the Medical and Dental Schools. This revolutionary change in Guy's government was brought about without any pressure whatever from the students or the University, and goes further than the recent recommendations from the Universities' Committee of Principals and Vice-Chancellors. It opens a new chapter in staff-student relationships at Guy's.

Yours, etc.,

G. A. D. HASLEWOOD.

Biochemistry and Chemistry Department,
Guy's Hospital Medical School,
London, S.E.1.

"Doc" King

SIR,—May I through the courtesy of your columns, thank everyone who generously subscribed to the cheque.

I do so appreciate this kindness and their good wishes. I will thank them all individually sometime in the near future.

Yours, etc.,

"DOC" KING.

2, Manor Road,
West Wickham, Kent.

Guy's Dinner in Aberdeen

SIR,—Once again we propose to hold a Guy's dinner at the Annual Representative Meeting of the B.M.A. which this year is in Aberdeen.

It will be held on Friday, 4th July, 1969 and all Guy's people whether medical, dental, or otherwise, and their wives and guests will be welcome. We hope that Guy's people throughout Scotland might feel the journey worthwhile.

Please write for further details to the undersigned:

Yours, etc.,

SYDNEY SCOTT

Station Road Surgery,
Epping, Essex.

A Modern Babbage and Bart's

SIR,—I have been interested and in wholehearted agreement with Dr. G. L. Davies' excellent article, "Shakespeare, His Bawdy and His Beauty", which appeared in your issue of April 26th.

Shakespeare's sayings and thoughts are of far more value than are the thoughts of Mao Tse-tung to the people of China. They are woven into our language and it would be a good thing if, not only a well-read few, but all our people could recognise them and take them to heart.

Miss Ngaio Marsh's book *Death at the Dolphin*, published by Collins in 1967 and now coming out as a Fontana paper back, adds a spice to our Shakespearean knowledge. An eccentric millionaire becomes the owner of a small, dilapidated Regency Theatre on Bankside. He does it up, and promotes a play put on by a young playwright producer.

The theme surrounds incidents in Shakespeare's misbegotten passion for the "Dark Lady", and also the discovery of a tiny kid glove which appears to have been made by Will Shakespeare's father—who was a glover—for the playwright's beloved only son Hamnet, who died when he was eleven years old. The play ends with quotations of the bitter sonnet 129: "The expense of spirit in a waste of shame . . . . "

Drama, tragedy, comedy and streaks of history are cleverly woven into a thriller which I found well worth reading.

But, why, after the victim had been removed, Miss Marsh allows the police to take the injured boy across the river to St. Bartholomew's Hospital instead of bringing him to Guy's, I cannot understand.

Yours, etc.,

EMILY E. MACMANUS.

Mr. Patrick Clarkson

SIR,—The news of Patrick Clarkson's retirement has just reached me. As one of his Out-Patient Officers in 1948, I still recall with pleasure an appointment which filled me with enthusiasm throughout those short three months. A tribute to a surgeon from a bacteriologist may seem a trifle incongruous, but in those early days of antibiotic therapy, Patrick Clarkson quickly appreciated the limitations of penicillin for the treatment of hand infections. The drainage of pus, tissue debridement and the removal of foreign bodies were of fundamental importance then, as now. Once surgical intervention was inevitable, antibiotics could neither abort the lesion, nor accelerate the healing. Only a few weeks ago, a casualty surgeon reproached me because a pulp-space infection, successfully drained, had healed uneventfully with penicillin, even though the isolated staphylococcus was resistant to this antibiotic. Clarkson and his apprentices would have understood, for little has changed since those early days in Front Surgery.

What small amount of minor surgery I have undertaken has always been performed with the shadow of Patrick Clarkson looking over my shoulder. It is difficult to forget the tall figure, the clear directions and the unfailing courtesy offered to the fumbling amateur. He was interested in the indications for tetanus prophylaxis and immunisation, and the need to treat clean and infected cases in separate areas of the casualty department. These ideas, together with techniques of local anaesthesia for the hand were, I venture to say, well ahead of current thinking at that time. The results spoke for themselves. I am extremely indebted to this man whose teaching, I now realise, bore directly upon many facets of clinical microbiology. I wish him a long and happy retirement.

Yours, etc.,

KEVIN ANDERSON

Division of Bacteriology,
Institute of Medical and
Veterinary Science,
Adelaide, South Australia.

SPORT

RUGBY

CAPTAIN'S REPORT FOR THE 125th SEASON 1968-69

The 1st XV's record for the season reads: P31, W17, L13, D1, Pts. For 392, Against 328. Further analysis shows that before Christmas, only 8 games were won, while 7 were lost, and during this time 29 players appeared for the 1st XV. From Christmas until the Cup Final, 9 games were won and only 1 lost—that against Coventry, and team selection was from 18 players. After the Cup, 5 games were lost and only 1 won; there was great difficulty in raising a side at all once term ended.

With the great number of players selected before Christmas, it was very difficult to settle down as a team and foster team spirit, although it should be said that the reasons for so many changes were a massive injury list, and secondarily a few players not quite reaching the standard we had thought capable of them.

The second half of the season saw a different picture, although I am convinced that we never played to our full potential. We did enough to win matches, and at times played well, but did no more than was necessary. I think that this was a contributory factor on that day of reckoning, the Cup Final. Wherein we took an early lead with a great opportunist try by John Ross (our new captain), however, we let Barts gain the upper hand and they won deservedly.

The last part of the season was greatly disappointing, apart from a wildly successful tour in Dublin, which rekindled the dying flames, and both improved Welsh-Irish relationships and boosted the Irish revenue from sales of Guinness.

(The concluding part of the report will appear in the next edition.)

ATHLETICS

UNIVERSITY OF LONDON CHAMPIONSHIPS

Friday and Saturday, April 25th and 26th.

Guy's won the University of London Championships for the fifth consecutive year, so retaining the Rosebury Challenge Cup, despite the divided loyalties of several members concerned in the Middlesex 7-a-side Rugby Tournament. Once again the Guy's victory was essentially a team effort, thus overcoming colleges with one or two individual stars. The margin of victory was 8 pts.—Guy's 62 ptsc., Imperial College 54 pts. with University College. The ladies team, superbly mustered by Ros Dow, won the Sherwood Cup and so further accentuated Guy's supremacy.

Skipper Ian Morgan, despite lack of training, won both the 220 yards and 440 yards hurdles events, with great support from Peter Bundred. Friday Nwator and Don Barford came 2nd and 3rd in the 100 yards. Morgan Barford and Barry O'Keefe made up in the sprints for a slight failure in the distance events.

Peter Peace finished 2nd in the discus, and threw nearly as far as when at his peak, despite his lack of training. George Edward was to be seen, as always, dashing around the field competing in numerous events, and he finished first in his forté—the hammer throw.

Particularly encouraging were the performances of newcomers N. Yerbury, M. Wink, Konarzewski, Holliday and J. Wood, who all gained useful points. G. Voss gave a soul-stirring, indeed electrifying performance, in finishing 6th in the 3,000 metres walk, so gaining a valuable point. J. Shutes set out with Voss initially but dropped out, for fear of the wrath of the Rugby hierarchy if he had hobbled on to the pitch for the 7-a-side competition the next day.

A.F. & I.J.M.

RESULTS:—

100 yds: 2. F. Nwator 4. D. Barford
220 yds: 2. D. Barford 4. I. Morgan
440 yds: 4. B. O'Keefe 5. I. Morgan
880 yds: 5. A. Fallowfield
2,000 metres walk: 6. G. Voss
120 yds. Hurdles: 4. P. Bundred 5. N. Yerbury
220 yds. Hurdles: 1. I. Morgan 2. P. Bundred
440 yds. Hurdles: 1. I. Morgan 2. P. Bundred
High Jump: 4. M. Wink
Hammer: 1. G. Edwards 6. J. Wood
Discus: 2. P. Peace
Javelin: 4. P. Konarjewski 5. M. Holliday

HOCKEY

GUY'S HOSPITAL MEN'S HOCKEY CLUB

TOUR TO FOLKESTONE, EASTER, 1969

Regular readers of this feature will no doubt recall that it is customary for the tour to start from East Wing at an ungodly hour on Good Friday, the atmosphere being overhung with the aroma of stale beer and curry. This year the atmosphere was much clearer, due no doubt to the hospitality of mine host at the King's Head the previous evening in providing pancakes and other Easter fare the previous evening. The result was that no one was ill on the journey to Folkestone this year, and depending on the natures of the drivers, the team arrived at the Chilworth Court more or less intact. There was a slightly disturbing moment when the hotel proprietors asked "What hospital?" And it seemed that that well-known member of the Quality Street gang, Truffles, had dropped a clanger. All was well, however, and after a restorative pint, the team went to the ground to take on the first of their opponents at this the greatest of all international hockey festivals. The pitches were in their customary impeccable condition, the sun shone (as it did throughout the week-end), and the flags of the competing countries and clubs flew gaily from the flagpoles. Guy's first opponents were the Old Dragons, a first class club side, and the hospital maintained their long standing tradition of losing their first game—perhaps the journey has something to do with this. During a fairly uneventful first half in which both sides played reasonable hockey, the Dragons went ahead through an orthodox goal scored by their centre-forward. Guy's stepped up the pressure in the second half and equalised through a goal engineered by Stuart Cripps, who brought the ball from the half-way line to the edge of the circle, giving a reverse stick pass to Roger Byrne, who scored a workmanlike goal. Despite continuing to play good hockey, the hospital were perhaps unlucky to concede a second goal scored by the Dragon's left winger from a penalty corner which did not appear to have correctly stopped. In the evening, following a well-tested principle, the boys decided to entertain their opponents for the following day, the Royal Club Rasante—a crack Belgian side—the theory being that if you get plastered, your opposite number should be as well. A second bird was killed with this stone as the Belgians were staying at the Norfolk Hotel, so the Guy's men were able to pay their respects to the owner of that establishment the celebrated Matt, who, on learning that the boys were on the premises, gave an anguished "Oh Gawd" and locked himself in his private bar. There were two highlights of the evening—one was the fact that a Belgian girl had toothache, and to your writer's surprise, the Guy's team appeared to be comprised wholly of dental students. The second was the introduction of the Belgians to International Clap-Clap—a game at which they quickly proved themselves to be surprisingly adept—indeed, a trip to Brussels two weeks later indicated that the game could become very popular there. The following day the Rasante Club, who had a fair sprinkling of representative players, showed that they numbered first class hockey among their accomplishments. The Guy's defence, in which Mike Vellacott was outstanding, were fully extended, but playing cooler and sensibly, they always had the situation under control. With the forwards giving good support, the hospital gradually got a grip on the game and went ahead through two rather similar goals scored by the new-comers to Folkestone—Roger Byrne and Bob Clarke—two very promising young players. The first, scored by Clarke, followed some tenacious centre of the field running, and the second, scored by Byrne, came after similar tenacity on the right wing. Finding themselves two goals down, the Belgians threw everything into attack, and following a defensive mix-up, they scored a goal from the resultant penalty stroke. A few minutes later they scored a fine goal by their centre-half, an outstanding player. The draw was the correct result of a first class game. After such a creditable performance, a lively evening was ensured, and so it proved. An attempt to seduce the following days' opponents being unsuccessful, we linked up with our old friends of St. Thomas' Hospital. They may have won the Dodgem contest, but Guy's can be said to have won the curry contest—at least, one member of the party

understands the hovercraft principle more clearly now. The game on Sunday produced some of the best hockey Guy's have played for some time. The opponents, St. Luke's, Exeter, a highly trained and coached unit, started with all the confidence in the world, but after foundering on the Guy's defence several times, they lost some of their composure. The hospital gradually gained the upper hand and went ahead through a beautifully struck short corner by David Crafts. They increased their lead through a penalty stroke which was wobbled in by Robert Goodhart. St. Luke's came back into the game with a splendidly taken short corner and managed a draw with a goal following a long corner which it would be unfair perhaps to describe. It is sufficient to say that anyone in the vicinity of Robert Clarke (the goalkeeper) would have had the benefit of a course of instant Anglo-Saxon. The evening which followed was notable in three ways—amount consumed—a bull fight performed by the Real Club de Barcelona—and a midnight soccer match in which Bob Clarke did his best to decimate the team. The final game did not quite match its two predecessors—that would have been difficult, but it was nevertheless a first class team performance by the hospital. Guy's were still clearing their heads when their opponents scored. David Crafts equalised with a perfectly taken penalty corner, in fact, in a festival which included many of the corner experts of the game, he compared in this department with any of them. Nick Houghton put the hospital into the lead with a goal from a free hit taken by Stuart Cripps. Bob Clarke put them further ahead with a typically determined effort. The lead was cut by a goal from the opposing centre-forward, but a well deserved fourth goal was added by Nick Dodd following some brilliant solo play by him. It was obvious following this that he does not get his nickname from his moustache, but from the fact that his team mates utter Ho Ho Ho Ho Ho when he scores. The team was led ably and captained firmly by Richard Kendrick. Other players who caught the eye by their consistent performances were Charles "bonnie wee thing" Pearson and Andrew Winskill. The newly-wed Mr. and Mrs. (Bones) Knight escaped violation, but they will never know how lucky they were. Altogether a memorable Folkestone and one that the team can look back on with satisfaction and forward from with confidence.

Team: R. Clarke, M. Vellacott, D. Crafts, R. Pearson, R. Kendrick (capt.), R. Goodhart, N. Dodd, R. Byrne, R. Clarke, S. Cripps and A. Winskill. In the fourth game, N. Houghton substituted for R. Byrne.

K. S. A. LOCKHEAD.

CRICKET

GUY'S HOSPITAL 1st XI v. PUTNEY ECCENTRICS

At H.O.P.

Guy's won the toss and put Putney Eccentrics in to bat. D. Crafts opened the bowling well and claimed five wickets in his 17 overs. At tea, Putney declared at 182 for 9. After tea, Guy's opened their innings with A. Gillham in fine form, pushing along the scoring at a lively rate. However, the rate of scoring dropped with the loss of the opening batsmen. But Guy's were again given a chance of winning with the very lively partnership of D. Crafts (28 not out) and J. Scoble (40), who both scored freely off the unfortunate spinner at the grandstand end. With time running out, the Eccentrics claimed another two wickets, and with Guy's at 137 for 7, the match ended in a draw.

GUY'S v. LONDON HOSPITAL

May 7th.

London Hospital 128 (Crafts 5—40), Guy's 132—2 (Goodhart 50*.)

The London Hospital were put in to bat, and their openers seemed to lead an enchanted existence. Several times the ball dropped short of a fielder or between two when it could have carried to either. However, when Price was run out by Crafts and Goodhart had bowled Sparrow, the breakthrough had been achieved (59—2). Though Chilton batted and farmed the bowling well, he soon realised that he was going to run out of partners, and was leg before to Crafts for 38. Crafts had been bowling very well with little luck at first, but finished with five for 40.

When Guy's went into bat, they had no trouble in achieving the score of 128 needed to win, Goodhart scoring a good 50 in the process. The evening company was very congenial, and Gillham even rose to offer three rounds of fags. Altogether, this was a pleasing end to a convincing win by Guy's.

R.W.B.

GUY'S HOSPITAL 1st XI v. WANDERERS

At H.O.P. on May 7th.

Wanderers 208—9 dec. (Crafts 4—80), Guy's 211—3 (Goodhart 75, Gillham 52*.)

From what appeared to be a hopeless situation, Guy's rose magnificently to the occasion to achieve a really storybook win.

Wanderers batted first and, with a rather professional approach, methodically wore down the Guy's attack. Thanks to some pretty loose fielding, the visitors had little difficulty in amassing 130 by lunch with plenty of batting still to come. However, after lunch their progress was slowed due to some steady bowling by Crafts and Clark, and to the opening batsmen, who suffered a little in the "nervous nineties" on the way to a very fine century. The declaration came at a total of 208. This to the very pessimistic bowler, who had "trundled" away unchanged all day, seemed an absolute dead loss for Guy's, but his pessimism spurred his batsmen to unprecedented heights. Goodhart, promoted in the batting order thanks to the sudden indisposition of Colin Milburn's protegé (when Mr. Gillham's boot fell in half), batted with "Dexter-like" superiority for a wonderful 75. Clark and Gillham both batted very well and with resolute determination against a good bowling attack. Then came the climax with that bowler-turned-batsman Charlie Pearson "kermashing" 29 not out and completing the victory with an enormous six over mid-on.

The magnificent batting of the side more than made up for the indifferent fielding.

R.C.

SAILING CLUB

12-HOUR MARATHON RACE

Guy's 2nd out of 10 competing teams.

On Saturday morning at 9 a.m., a starting gun signalled the beginning of the annual 12-hour race in which all the major London Colleges were competing.

Each team, comprised two Firefly dinghies and two crews for each boat. No crews could sail for less than three-quarters-of-an-hour or more than one-and-a-half hours, and the change-overs became a lesson in agility and cunning tactics.

The course was approximately one mile long, and for the first one-and-a-half hours there was only just enough wind to allow the crews to complete one lap. However, the wind gradually filled in, and by 9 p.m. we had completed a total of 54 laps—nearly 60 miles.

M. Bye and R. Kinder had a superb race against two St. Thomas's boats and were able to demonstrate their boat speed to good advantage, enabling them to finish second, only a matter of three feet behind the winning Thomas's boat, after 12 hours' racing.

G. Barker and G. Hall sailing the other Guy's boat, also had an interesting race against the two leading Thomas's boats, but were unfortunately a lap behind. Nevertheless, some clandestine tactics in the moonlight enabled them to overtake sufficient of the opposition to give the team second place overall.

Team: G. Hall, G. Barker, M. Bye, R. Kinder, A. Walker, N. Fieldman, P. Sinclair, M. McIntyre.

G.B.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S HOSPITAL

June 1st, 1969

House Physicians

Dr. Mann, Dr. Scott, 3 *months* — Mr. R. E. Cowan
Dr. Bishop and Dr. Clark 6 *months* — Mr. J. R. Stoneham
Dr. Hardwick, Professor Trounce, 3 *months* — Mr. P. Hall
Dr. Deuchar and Dr. Cameron 6 *months* — Mr. F. M. C. Carter
Dr. Baker, Dr. Houston and Dr. Grimble 3 *months* — Mr. J. B. Kelynack
Dr. Kauntze and Dr. Joiner 6 *months* — Mr. P. J. Davenport
Professor Butterfield and Dr. Lessof 3 *months* — Mr. J. G. L. Morris
6 *months* — Mr. P. A. Sims
3 *months* — Mr. T. R. G. Howard
6 *months* — Mr. M. C. E. Hutchinson

House Surgeons

Professor Sir Hedley Atkins 3 *months* — Mr. A. M. Seal
Mr. Wass 6 *months* — Mr. A. Calin
Mr. Blackburn 3 *months* — Mr. G. A. Corbett
Mr. Lawrie 6 *months* — Mr. D. A. G. Barford
Mr. Glover 6 *months* — Mr. J. N. B. Allen
Mr. Beard 3 *months* — Miss J. A. Brydone
Mr. Maynard 6 *months* — Mr. R. J. Machell
Mr. Ellis 3 *months* — Mr. J. C. Cutting

House Surgeon to the Surgical Unit

Mr. L. J. Turner
6 *months*

Gynaecological House Surgeon

Mr. P. J. Whorwell
3 *months*

Throat and Ear House Surgeons

Mr. I. G. Crossman
3 *months*

Mr. G. W. H. Stygall
6 *months*

Orthopaedic House Surgeons

Mr. D. F. Brown
3 *months*

Miss J. Harlock
6 *months*

Genito-Urinary House Surgeon

Mr. M. R. Reddy
6 *months*

Children's House Physicians

Mrs. R. M. F. Silk
3 *months*

Mr. J. R. Dare
6 *months*

House Physician to Dr. Bishop and Radiotherapy

Mrs. J. S. Pugh
3 *months*

Casualty Officers

Mr. M. G. Falcon
3 *months*
Mr. T. A. Harrison
3 *months*
Mr. N. A. Watson
3 *months*
Mr. R. J. Morgan
3 *months*
Mr. R. A. Billings
6 *months*
Mr. G. V. Pay
6 *months*

Resident Obstetricians

Mr. J. R. Gibbs
3 *months*
Miss H. M. Hussain
6 *months*

Neurological House Physician

Mr. J. G. Pickering
3 *months*

Dermatological House Physician

Mr. D. H. Rose
3 *months*

House Physician in Child Psychiatry

Miss A. Curran
3 *months*

House Surgeons to the Thoracic Unit

Mr. P. D. M. Ellis (S.H.O.)
3 *months*
Mr. D. J. Lipscomb
6 *months*

House Physicians in the Department of Psychological Medicine

Mrs. A. M. Birch — 1.3.69—30.9.69
Mr. W. P. J. C. Onyeama — 1.3.69—30.9.69

Resident Anaesthetists

Miss J. E. Parry
3 *months*
Mr. J. E. C. Twentyman
3 *months*
Mr. J. K. Bell
6 *months*
Mr. J. G. Payne
6 *months*

Senior House Officer to Nuffield House

Mr. J. D. Salomon
3 *months*
Mr. A. L. Thomas
6 *months*

Children's House Physicians at Evelina Hospital

Mr. D. L. Beales — 1.2.69—31. 7.69
Mr. D. L. Ingram — 1.4.69—30. 9.69
Miss E. M. Foreman — 1.6.69—30.11.69
Mr. P. J. Mansfield — 1.8.69—31. 1.70

Casualty Officers at Evelina Hospital

Mr. F. F. T. Djabanor — 1.2.69—31.7.69
Mrs. D. J. Siggers — 1.2.69—31.7.69

ST. OLAVE'S HOSPITAL

House Physicians:
Mr. P. H. R. Gill
3 *months*
Mr. R. H. F. Taylor
6 *months*
House Surgeon:
Mr. E. D. Humphrey
6 *months*
Senior House Surgeon:
Mr. D. J. Hanley
6 *months*
Gynaecological House Surgeon (S.H.O.):
Mr. M. F. Rumpus
3 *months*
Casualty Officer (S.H.O.):
6 *months*

S.H.O. in Psychiatry:
Mr. R. Cabral
3 *months*

NEW CROSS HOSPITAL

House Physicians in Medicine and Geriatrics (S.H.O.):
Mr. B. D. W. Harrison
3 *months*
Mr. S. H. Siggers
3 *months*
(S.H.O.):
Mr. J. A. Vale
6 *months*
Orthopaedic House Surgeons (S.H.O.):
Mr. N. J. M. Harry
6 *months*
Mr. R. C. Quinnell
3 *months*
Senior House Officer to the Rehabilitation Unit:
Mr. D. D. T. Perera 1.7.69—31.12.69

BECKENHAM HOSPITAL

House Physician:
Miss J. H. Higgs
3 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. J. H. Tripp
6 *months*
House Surgeon to Mr. Lynn Evans:
Mr. W. J. Owen
6 *months*
House Physician to Dr. Roberts:
Mr. R. Aumeerally
6 *months*
House Surgeon to Mr. Williams:
Mr. N. B. M. Pereira
6 *months*
House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:
Mr. M. J. H. Hillier
6 *months*
House Physician to Dr. Llewellyn-Smith:
Mrs. G. W. M. Baird
3 *months*

MILLER HOSPITAL

House Physicians to Dr. Hartley, Dr. Lessof and Dr. Bassadone (S.H.O.)
Mr. G. A. W. Ross
3 *months*
Mr. C. E. L. Freer
6 *months*
Mr. D. G. A. Watson
3 *months*
House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner:
Mr. N. J. S. Voss
6 *months*
House Surgeon to Mr. O'Flynn and Mr. Fyffe:
Mr. T. T. Khonje
6 *months*
House Surgeon to Mr. Sandry, Mr. Candy and Mr. Gabe:
Mr. D. F. Hewat-Jaboor
3 *months*

ORPINGTON HOSPITAL

House Surgeon with Physical Medicine:
Mr. D. F. Shelley
6 *months*
House Surgeon with E.N.T.:
Mr. D. J. M. Choat
6 *months*
House Surgeon with Gynaecology:
Mr. I. T. Grimble
6 *months*
House Surgeon with Orthopaedics:
Mr. R. S. Settatree
6 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy:
Mr. J. Woodland
6 *months*
House Physician to Dr. Miller and Dr. King:
Mr. R. N. Lee
6 *months*

ST. JOHN'S LEWISHAM

House Surgeon:
Mr. J. B. L. Kabuubi
6 *months*

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott:
Miss M. E. Opie
6 *months*

P. J. HELLIWELL,
Superintendent

PRIZES

The Charles Oldham Prize in Ophthalmology, 1969

The following awards have been made:—

First Prize — Miss E. A. Clyma
Second Prize — P. A. Sims

The Gillespie Prize in Psychological Medicine 1969

The following awards have been made:—

First Prize — D. A. Curson
Second Prize — F. M. Carter

F.D.S. COURSE

GUY'S HOSPITAL

A course of study in Anatomy, Special Anatomy, Physiology, Pathology and Bacteriology will be held in preparation for the Primary F.D.S. Examination. The course will commence in October, 1969 and extend over a period of approximately 18 weeks; classes will be held at 5.15 p.m. on 2—4 evenings per week. The number of students will be limited to 12. The fee will be 20 guineas. Forms of application are obtainable from the Dean of Dental Studies, Guy's Hospital Dental School, London, S.E.1, and should be returned to him not later than **Thursday, 3rd July, 1969.**

PERSONAL

CLERICAL ASSISTANT, typing essential, Shorthand an advantage, part-time considered; Age immaterial.—Apply Secretary, Guild of Ex-Patients of Guy's Hospital, 16 St. Thomas Street, S.E.1. Telephone: HOP 7600, Extn. 357.

FURNISHED FLAT available S.E.1 2 Bedrooms all electric. Rent £8 p.w. Apply Box No. 2/5.

LONDONER—in association with two Guy's men, offers similar position to another in newly modernised Practice in Woking. Excellent opportunity to follow all branches of dentistry, including I.V. work. New Laboratory, full clerical and chairside assistance available. Future Partnership to the right man. Telephone Woking 63140.

WANTED—Furnished Flat. Any area in central London. By October/November, but can occupy sooner. J. H. Tripp, Guy's or DUN 4311.

CHANGES OF ADDRESS

K. Ballantyne, L.D.S., R.C.S., Highfields Farm House, East Hanningfield, Nr. Chelmsford, Essex. Tel: Hanningfield 696.

Dr. and Mrs. B. Bancilhon, 24, Herkomer Road, Bushey, Herts.

Dr. and Mrs. A. Bowyer, South Priory, Ipplepen, Newton Abbot, Devon.

Dr. Noel Curry, Vancouver General Hospital, Vancouver, 9 B.C., Canada.

Mrs. E. H. Lummis, B.D.S., L.D.S., R.C.S., (née Wilson) 102 West End Avenue, Harrogate, Yorks.

Dr. and Mrs. D. T. Mansie, Murray House, Scott Street, Dandenong, Victoria 3175, Australia.

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BIRTH

LLOYD-EDWARDS—On March 26th to Jennie (née Taylor) and Surg-Lieut-Cmdr., Adrian Lloyd-Edwards, R.N., Twin daughters Bronwen and Bethan, sisters for Sian, Ceri and Gwen.

NEWMAN—On 11th April, 1969, to Chris and Cynthia (née Lewis) a son, Timothy Mark.

MARRIAGE

PEDRE—LYTH—On 12th April at West Monkton Parish Church, Somerset, Jonathon Pedre to Jennifer Lyth, S.R.N.

PAPERS BY GUY'S MEN

Veall, N. and another. Effect of thymoxamine on circulation in skin flaps and in denervated skin. *Lancet*, 1969, **1**, 400.

Wengraf, Carol. Second primary laryngeal chondroma. J. Laryng. 1968, **83**, 89.

Wengraf, Carol. Otitis externa : A report on a multicentre clinical trial. *J. Laryng*, 1968, **83**, 379.

Wyard, S. J., Smith, R. C. ESR spectrum of H.O.2 in solutions of hydrogen peroxide in water at 77°. *J. chem. Phys.*, 1968, **49**, 2780.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2110

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

THE DAILY SPLURGE

Heart Transplant at Guy's Hospital

> A statement was issued from Guy's Hospital this evening saying that a heart transplant operation took place yesterday. The recipient was said to be as comfortable as could be expected.

That was the news : all the rest has been speculation and self-righteous comment. A free press is one of the luxuries of our way of life but when it chooses to undermine public confidence in the medical profession by accusing it of dishonesty, lack of humanity and self-seeking ambition and denies an express and humane request for restraint in its reporting it can hardly be said to be serving the best interests of its readers.

Truth, some truth and a half truth

One of the basic principles in dealing with patients and their relatives is that they must be told the truth about what is going on unless such news will cause undue and unnecessary distress to the patient, in which case the relatives should be told the truth and asked not to disclose it to the patient who is given a slightly glossed account of what is happening. In the absence of truth it is essential for the

maintenance of confidence that everyone tells the patient the same story.

The same principles apply in dealing with the press. They must either be told the whole truth or told a consistent version of the facts for them to publish. The slightest inconsistency will be pounced upon by the press and used as a lever to extricate more facts, to expose further untruths and to browbeat the source into disclosing more than he intended. To avoid this state of affairs it is best if there is only one man dealing with the press and that he maintains a consistent and restrained attitude in the face of the severe provocation to which he will inevitably be exposed. This is an expert job of public relations and is best left to a specialist in this field, a man used to the pressures of publicity media and their varied representatives ; a man who can be expected to present a story to the press in such a way that most ambiguities are avoided and consistency is maintained. Guy's are fortunate to have employed such an expert who has admirably withstood the pressures put upon him by the press in recent events.

Communication ?

It is difficult to envisage the Guy's " Park " as a centre for Berkeley-style activism, or the occupation of the Dean's office by a band of resolute militant medical students. But perhaps the time is right for the medical profession, in common with other elements of our society, to vibrate to the stirrings, minimal as yet, of its students. As a profession medicine is viewed as being very much a part of the Establishment. This state carries with it implications that the profession is inflexible to change and true to tradition.

Overheard in the East Wing in recent weeks, has been student conversation expressing sudden interest and concern in The Royal Commission of Medical Education's recommendations on Post Graduate Education and Training. The Todd report, as it is widely known, recommends a period of three years' General Professional Training to follow the pre-registration year, and to precede a period of further Professional Training varying in length in the different specialities or branches of medicine. This obligatory three-year period would embrace the present Senior House Officer and Registrar Grades, a scheme which according to Todd : "would be vocational rather than academic in nature and would be based on a series of appointments in which the young doctor would render professional service simultaneously with his training".

It is hoped that during his general and professional training the junior doctor will have decided upon the branch of medicine which attracts him as a future career. Towards the end of this stage the doctor would be eligible to sit the appropriate College examination and pursue a career in the hospital service or general practice.

To select those most likely to reach the consultant grade a system of continuous assessment throughout the three-year period would inform both candidate and supervisor as to who " may be allowed to continue training in the more popular specialities".

A Report of a Sub-Committee on Hospital Staffing Structure (B.M.J. Supplement, 22nd Feb., 1969) on which one of our own consultants served, considered and ratified many of the proposals suggested by the Commission on General Professional Training.

Student stirrings at Guy's would appear to be somewhat vacuous due to a basic lack of knowledge and communication. They are aware of the availability of information, in the Report, to acquaint themselves with these recommendations and with the machinery of liaison. A forum for the discussion of Medical Education was a recent, poorly-advertised "Teach-In" organised by the Department of Medicine. Such opportunities are not to be missed if the transmission of information is to be continued.

Editors

Mr. Graham Hey has resigned as assistant editor of the *Gazette*. His place has been taken by Mr. Richard S. Trompeter. Mr. Trompeter has recently been the secretary of the Students' Medical Education Council and is one of the recently-elected student representatives on the Medical School Council. We welcome Mr. Trompeter and wish Mr. Hey all success in his future career.

GUY'S DIARY

JUNE

9	M	1.00	Clinical Lecture. Mr. MORRIS. "Contacting the Intra-Uterine Patient."
10	Tu	1.00	Clinical Lecture. Dr. BISHOP. "Oral Contraceptives."
13	F	2.15	Combined Round (Pre-Clinical Classroom). Chairman: Dr. HUNTER.
16	M	1.00	Clinical Lecture. Dr. HILLS. "Designing New Equipment."
17	Tu	1.00	Clinical Lecture. Dr. STIMMLER. "Diabetes in Childhood."
19	Th	1.00	Clinical Lecture. Mr. WASS. "Swellings in the Scrotum."
20	F	2.15	Combined Round (Pre-Clinical Classroom). Chairman: Mr. RENDALL.

DRUG DEPENDENCE

by

D. Stafford-Clark

Go, go, go, said the bird : human kind
Cannot bear very much reality.

T. S. Eliot, Burnt Norton, 1944.

Some months ago one of the periodic attempts to examine the phenomenon known as "Swinging London" resulted in an otherwise undistinguished television programme whose title was taken from the first six words of the couplet with which this article begins. Not many viewers, perhaps, at once recalled the origin of this vaguely familiar and rather striking phrase, and fewer still may have remembered the precise nature of the words which follow it in context. But 10 days ago Mr. Manfred Mann, whom most members of "Swinging London" would acknowledge as an outstanding and, indeed, idealistic spokesman for their point of view, wrote a letter to this newspaper on one aspect of the swing which has become an increasingly significant complication of the trend as a whole.

It might be sweeping, but it could scarcely be called unfair, to describe the central theme of the swingers and their adherents as a new kind of determined irresponsibility ; a rejection of what they regard as outmoded conventional values, particularly in four significant areas—clothes, sex, social responsibilities, and choice of intoxicants. In every case there is a mixture of originality and a rather poignant hankering after old, departed and often consciously derided glories or certainties.

This is nowhere better exemplified than in the uniforms and heavy brocaded materials, the mixture of dandyism and exotic plushness which characterize Carnaby Street and the King's Road, Chelsea, as "in" sources of gear. The arts, and particularly music, have received their specific injection from this new but evocatively derivative culture. But the most serious and significant departure from convention, tradition, and ultimately from reality itself was exemplified by some of the assumptions in Mr. Mann's letter.

He was only saying what many honest people think, and have thought for some time ; and, indeed, he could have put it much more bluntly, scathingly, and moralistically, in justifying a youthful standpoint in defiance of an older and basically no more denfensible one. He could have said: "Why all this fuss about marijuana, in its various

forms relatively harmless to the nervous system and the liver, when alcohol, the staple haven of refuge for Western society and older generations, is not only condoned, but treated as a social necessity though it produces some 300,000 seriously ill and dependent human beings in the United Kingdom alone?" What he did say was considerably less accusatory than that. His letter was simply a plea for discrimination between the safe and devastatingly dangerous drugs upon which people may become dependent.

Alcohol Included

His reward has been to be himself accused of open incitement to young people to take drugs; mitigated only by a condescending suggestion that he did not realize what he was saying. He has been invited to set an example which would make it non-U even to mention the word drugs, an example which Dr. Francis Camps is reported as believing young people would implicitly follow. To this Mr. Mann's personal reply has been to retreat, perhaps a trifle precipitantly, into the artist's ivory tower by replying: "It is also ridiculous to say that young people copy the example of pop singers' private lives. People in the pop business hardly ever mix with outsiders anyway." What about the Rolling Stones?

Underlying this brief exchange there has been, I believe, a sincere desire on both sides to get to grips with a serious problem. Mr. Mann himself has said that he decided to write because he thought that his letter would be taken seriously, not sensationally, and would be read by responsible people. The implication here is that it would receive a considered and responsible reply: and these two articles are one attempt at just that. No serious and responsible consideration of drug taking, today or at any other time, can leave alcohol out of consideration. For alcohol is indisputably a serious and potentially damaging drug: it was once described by Professor Aubrey Lewis as

> " . . . so permissible and trusted a poison, so easy of access for those who wish to escape from their troubles, that it is resorted to in excess by maladjusted persons of every type; . . ."

It is also a traditional balm or anodyne, taken for precisely the same reasons that marijuana and barbiturates are taken by those who prefer them as a day-to-day indulgence. It is not only more dangerous than marijuana, but at least as liable to create dependence in many people as barbiturates, were the latter to be equally available as an alternative.

Much has been written and said about the effect of all these solvents of experience, whereby the inability or disinclination of human beings to bear very much reality can find a partial and always treacherous solution in an escape or distortion of reality by some form of chemical interference with the function of their nervous apparatus. This is the final common factor shared by all such drugs, including alcohol : even by tobacco, whose ultimate dangers are different but probably no less damaging.

They impart a spurious comfort, at the price of producing an insulation, at least temporarily, from some of the slings and arrows of outrageous fortune. The words "addiction" and "habituation" have been carefully and separately defined in this respect by no less an expert body than the World Health Organization Committee on addiction producing drugs. Their two definitions are interesting in that they are expressed in language comprehensible to any intelligent layman, can be compared side by side, and yet have already come to be regarded as misleading and therefore obsolete by at least one group of international experts who have suggested a constructive alternative approach to the perennial problem.

Addiction and Habit

The W.H.O. definitions are :—

1. "Drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic (psychological) and generally a physical dependence on the effects of the drug; (4) detrimental effect on the individual and on society."

2. "Drug habituation (habit) is a condition resulting from the repeated consumption of a drug. Its chacteristics include : (1) a desire (but not a compulsion) to continue taking the drug for the sense of improved well-being which it engenders ; (2) little or no tendency to increase the dose; (3) some degree of psychic dependence on the effect of the drug, but absence of physical dependence and hence of an abstinence syndrome; (4) detrimental effects, if any, primarily, on the individual."

Critical objection to these two definitions is essentially :—

" . . . that there is scarcely any agent which may be taken into the body to which some individuals will not get a reaction satisfactory or pleasurable to them, persuading them to continue its use even to the point of abuse—that is, to excessive or persistent use beyond medical need. . . ."

For example, some people can become addicted to aspirin or even bicarbonate of soda; and the number of respectable citizens who are indisputably dependent on tobacco runs into millions in the United Kingdom alone.

Following these representations the W.H.O. Committee has in its thirtieth report recommended substitution of the term "drug dependence" for both the terms "drug addiction" and "drug habituation". Drug dependence is thereafter defined as a state of psychic or physical dependence, or both, on a drug arising in a person following administration of that drug on a periodic or continuous basis. The characteristics of such a state will vary with the agent involved, and these characteristics must always be made clear by designating the particular type of drug dependence in each specific case; for example, drug

dependence of morphine type, of alcohol or barbiturate type, of amphetamine type, etc.

The importance of this definition, both in its general terms and in specific insistence upon identifying the type of drug on which dependence is likely to develop in any particular case, is that it applies to all types of drug abuse and thus carries no inherent connotation of the degree of risk to public health, or the need for any or a particular type of drug control on an international basis. It poses the problem squarely as one of human vulnerability, never unimportant, but susceptible neither to wholesale condemnation on the one hand, nor equally disastrous and wholesale permissiveness on the other. The paper goes on to consider the nature and significance of drug abuse from two standpoints: that of the interaction between the drug and individual, and the interaction between abuse of the drug and society

The characteristics of drug dependence are then objectively, authoritatively and convincingly assessed under a number of distinct headings. They are separated into drug dependence of the morphine type, including heroin and codeine, the barbiturate-alcohol type, the cocaine type, the amphetamine type, the hallucinogen type, and the marijuana or cannabis indica type. Other less widely distributed preparations are briefly considered, and tobacco succeeds in escaping mention altogether.

The grouping as outlined is realistic, both in terms of the main threats and disadvantages of each kind of dependence, and their individual and social implications, and also in the frankness with which barbiturates and alcohol are linked together, although dependence on the former is socially impermissible in most areas of western society, while varying degrees of indulgence towards alcohol are almost obligatory.

We might with some profit look briefly at three of the categories outlined, adding cocaine as a fourth, while bearing in mind that the intensely stimulating and disturbing aspects of the excitement produced by cocaine, nearly always require the subject to antagonize the excitement by the alternate or concurrent administration of morphine, heroin or some other powerfully depressant drug; most frequently in practice by the injection of a mixture of cocaine and heroin in the same dirty syringe; this is known as a "speedball", and has acquired a particular and highly dangerous popularity.

Drug dependence of the morphine/heroin type is extremely serious and always highly damaging. It produces intense personal dependence, manifesting itself by an overpowering drive to continue taking the drug and to obtain it by any means; at first for personal pleasure, later to avoid the intense anguish of withdrawal. This personal dependence is accompanied by an early development of tolerance requiring rapidly increasing dosage, without which an incapacitatingly painful and disturbing withdrawal illness becomes at once apparent. Since morphine and heroin are extremely expensive on the black market (current price of heroin £1-£5/grain-60 mg.; average dose one to five grains) dependent people may be driven to crime to

maintain supplies. This in turn is part of the vicious circle or rackets, black markets, casual theft, and occasionally violence with which massive drug dependence of this kind can be associated.

Vivid Delusions

Much the same is true of cocaine, except that here the nervous system is intensely stimulated, with short-lived but vivid delusions of muscular strength and magical powers which, in common with aggressive and arrogant attitudes towards others can lead to the user to become a dangerous individual, capable of sudden and desperate acts of violence in which judgment is completely clouded and responsibility is quite absent. At the other end of the scale it is perfectly true to say that drugs of the marijuana, cannabis indica type, normally ingested by smoking Indian hemp in cigarettes, produce effects which are socially relatively harmless—for example, hilarity quite unrelated to circumstances, carelessness, a kind of talkative elation with some marginal distortion of sensation and perception which leads subjects to feel that they are on the verge of comprehending mysteries of space and time, and able to discover ecstatic and hitherto hidden meanings in works of art, music, or even each other.

Listening to music may become a far more meaningful experience, especially for the less basically sensitive and imaginative person, when marijuana has been taken. Marijuana is therefore very much a mild social drug, none the less capable of producing moderate to strong emotional dependence and a feeling of identity within a group which may otherwise be impossible for the shy or limited personality. There is no physical dependence, no withdrawal symptom, and little tendency to increase the dose or evidence of tolerance to its effects. Nor is there any evidence of the kind of physiological damage from prolonged usage which inevitably follows with alcohol and even with prolonged intensive cigarette smoking when straightforward tobacco is used.

These facts might be the foundation for an opening speech in Manfred Mann's case. The second article will deal with its further development and possible implications; and provide at least an indication of how society might approach a fair judgment upon it.

Justice, wisdom and objectivity are nowhere more necessary than in society's attitude to its members' tendencies towards dependence on anything which will dull life's anguish; yet these are often elusive qualities in public pronouncements. Summing up for the Opposition in last Thursday's Commons debate on the Dangerous Drugs Bill, Mr. Quintin Hogg said he hoped the Minister of Health would not be "lured by 'pop' singers or stars who write to *The Times* about letting-up on cannabis". He hoped Ministers would "pursue the addicts of hashish and marijuana with the utmost severity that the law allows. I hope that they find themselves in the Old Bailey and, however distinguished their position in the Top Ten, that they will be treated as criminals deserved to be treated."

Cannabis indica is the active principle of both hashish and mari-

juana; whether smoked or taken by mouth, it is less toxic than the politically acceptable alternative of a cigar and a large brandy. But which side of the Old Bailey dock would Mr. Hogg be if his strictures were applied with comparable severity to alcohol and tobacco?

If we accept as indisputably true that social abuse of heroin and cocaine is desperately dangerous, while that of cannabis indica carries nothing like the same risks, where on the scale of social menace are amphetamines, alcohol, and barbiturates? The only honest answer must be somewhere between these two extremes.

Diluted Poison

Alcohol and the barbiturates produce almost identical effects in terms of social relaxation, leading ultimately to clumsiness, incompetence, and actual physical loss of control, with accident proneness, stumbling and confusion; but whereas alcohol is basically a diluted form of poison, and as such will produce inevitably damaging effects on the central nervous system and the digestive organs if taken in sufficient quantity over sufficient time, barbiturates have not been proved to produce long-term damage or irreversible effects unless they are taken in such quantities that they lead there and then to progressive and potentially fatal unconsciousness, through coma to final cessation of breathing and death.

Alcohol can do the same thing. It is an interesting comment on our social attitude that with two preparations so intrinsically similar in many respects, the socially acceptable one should be the more poisonous; while, unlike cannabis, barbiturates have never shown a significant tendency to replace alcohol as a social lubricant of an accepted kind anywhere in the world.

Amphetamine (benzedrine) derivatives can be briefly dismissed by saying that whereas they can give a completely artificial lift, they produce profound and ultimately very poisonous effects upon the nervous system, and can induce states of hallucinatory excitement, delusions, sleeplessness and over-activity which resemble various forms of mental illness; and represent a socially disastrous form of dependence, destructive both to the subject and his circle.

Too Much Reality ?

It is therefore a harsh fact that whereas some intoxicants are an undiluted curse, none is an unmixed blessing. Why then should we seek them—and what can we really do to diminish their treacherous evil? The first part of the question deserves a separate essay; but T. S. Eliot's answer is generally and inescapably true. Regret it as we may, human kind cannot bear very much reality. So what's to do when the judge himself is dragged to the Bar?

Banning is one extreme: total permissiveness its opposite. Both by themselves are proven failures. Prohibition in America paved the way for an unprecedented era of social demoralization and organized crime, whose elaboration from illicit traffic in alcohol to vice, gambling, and protection rackets, persists to this day. On the other hand a totally permissive attitude towards any form of intoxicant is

equally dangerous both for individuals and society as a whole. Gin Lane in Hogarth's day offers a reminder of the devastation caused by the indiscriminate availability of cheap alcohol in the absence of social justice, opportunity, or education.

Perhaps the most important contribution which experts can make is to provide and to emphasize balanced and accurate information, and to combat all the myths and half-truths which so readily surround the whole subject. Information about the nature and effects of all intoxicants, whether drugs or alcohol, their long-term impact, as well as their immediate allure, should be freely available in lucid and authoritative form to all adults. The fixing of age at which minors should be permitted to partake of any of them is as much a social responsibility as are any other regulations or restrictions designed to protect young people from the terrible consequences of that ignorance and rashness which are natural to them.

Confusing the Issue

Certain specific myths require objective confrontation since otherwise they recurrently confuse the issue, and incidentally divert the energy and attention of police and customs and immigration authorities in directions which have very little to do with facts and much more to do with prejudiced beliefs. The relative innocence of marijuana by comparison with alcohol is one such fact : its social denial a comparable myth; and this surely is the kernel of Mr. Manfred Mann's argument, whatever the objections to the abuse of either intoxicant. At present alcohol is licensed, marijuana totally banned : and one highly undesirable by-product of this is that young people who take marijuana feel already outside the law, and are thus several steps closer to accepting experiments with other and far more dangerous drugs, simply because these also represent a further act of defiance or disaffection, by contrast with parental readiness to take a drink, and approve of drinking in adult society. But there is no evidence that all or most users of marijuana inevitably progress to cocaine or heroin, and nothing to suggest that clinical dependence on the one creates any kind of need for the other.

Mr. Manfred Mann may be a little naïve when he suggests that because marijuana is so obviously harmless by ordinary personally measurable standards, it is only natural for those who take it to assume that cocaine and heroin will be equally harmless; but such naïvity is simply the outcome of incomplete information, and at least his argument displays some evidence of logic and, above all, of concern.

Raids on Pharmacies

It is equally naïve to brand all narcotics as dangerous while absolving alcohol from any comparable stigma. And indeed a situation can be created whereby the demand for illicit drugs becomes so closely linked to the belief that anything that doctors or chemists want to keep away from you is probably worth getting, that ultimately

indiscriminate raids on pharmacies can lead to people taking highly dangerous and subjectively extremely unpleasant drugs simply because they have been illicitly obtained. A recent instance where a young girl died miserably from over-dosage of a monoamine oxidase inhibitor of a kind normally restricted to the medically controlled treatment of pathological depression is a case in point.

One of the cruel paradoxes of human existence is that anything which alters our relationship with reality can seem a boon or a relief on occasions. To this extent T. S. Eliot was simply observing a fact of nature ; a fact which has created the demand for solvents of reality of whatever kind human beings have been able to devise. It remains true that some of them are much safer than others; but all of them are potentially dangerous.

Until we understand what they do, and how they do it, at least enough to know which to choose and which to shun for ourselves and our children, the kind of confusion which at present seems so bewildering, terrifying, and threatening to our social structure is bound to continue. Enlightened social responsibility is inseparable from any practical answer : and the only foundation for that is understanding.

This article first appeared in two parts in *The Times* on April 11th and 12th, 1967.

Guy's Park in a November Dusk

As softly rose the river's subtle mist
To climb the beams of day's defeated sun,
The sleeping grass, with dew so amply kissed,
Fades in the shadows of the night begun.

Now must the golden lights explode
From windows, doors, the colonnade and street;
The starlings settle in their high abode,
As trees weep silently on rooted feet.

There, in the darkening pool of brick and stone,
The brooding night in further silence grows :
A solemn place to stand, and think alone,
As time and memory through one slowly flows.

P. B. Morris.

"OPEN DOOR" PATHOLOGY

by Jane M. Fullerton.

A survey of the General Practitioner requests during the year 1968, in St. Olave's and New Cross Hospital Laboratories

"Felix qui potuit rerum cognoscere causas."—Virgil Georgics, II, 490.
(Happy he who has availed to read the causes of things)

An "open door" service for General Practitioners has been available in St. Olave's Hospital since its opening in April 1950, and at the New Cross branch laboratory for the past 12 years—in practice most of the patients come to the department at St. Olave's Hospital. As the service developed, an appointment system was abandoned as it was found time-consuming on the office staff of the department and so a system evolved in that the practitioners could send their patients to the laboratory between the hours of 9 a.m.—11 a.m. from Monday to Friday, appointments only being required outside these times. However, when further consultations or problems arise there is direct communication between the pathologist (J.M.F.) and the doctor concerned.

This service has helped to establish and maintain a close contact with the local doctors in the districts around St. Olave's and New Cross Hospitals over the years. In 1968, forty-eight practitioners availed themselves of the facilities offered and 2,999 requests were dealt with under the headings as shown in Table I, including the investigations resulting from some 40 domiciliary consultations.

TABLE I.

	Requests
Haematology	1024
Bacteriology	935
Serology	157
Biochemistry	309
Pregnancy diagnosis	453
Ante-Natal Bloods	115
Histology	4
Post Mortems	2
Total	2999

The above figures represent actual requests only, not items of work performed, the total of the latter for the year under consideration was 3,870, e.g. request for ante-natal blood examination includes haemoglobin, blood group and antibody screening along with Wasserman and Kahn reactions.

The question that now comes to mind is "What is the diagnostic

value of this work to the doctor?" This is best answered by a few comments under the various clinical pathological disciplines :

Haematology. The major haematological findings are set out in Table II, which shows 208 positive diagnoses out of 1,024 requests, which led to 26 immediate admissions to hospital.

TABLE II.

Condition	Total	Admitted
Severe hypochromic anaemia ...	162	10
Pernicious anaemia	13	9
Glandular fever	20	—
Haemolytic anaemia	1	1
Leukaemia	1	1
Acute haemorrhage	2	2
Thalassaemia	1	—
Sickle cell trait	5	—
Rhesus antibodies	3	3
Totals	208	26

The hypochromic anaemias enumerated above refer to those having a haemoglobin value of 10 grams or under. In the haematological section one may score an apparent high percentage of diagnostic "hits", but most of the requests were necessary for the day to day management of patients at home and who has not from time to time been bedevilled by apparent pallor in poor lighting conditions? Furthermore, many requests were for control of anticoagulants and drug therapy and for the follow-up of the iron deficient and megaloblastic anaemias. It is apparent in the department that many practitioners do treat their patients at home using these facilities and do not send all and sundry to a hospital out-patient department and enjoy practising medicine.

Considering our findings further and allowing for the "follow-ups", the results show a surprisingly high occurrence of abnormal findings demonstrating the great value of this service to the doctor and also reflects the high level of selectivity of patients sent for investigation.

Bacteriology. The majority of the specimens are related to urinary samples for possible infection. Here the patients are given printed instructions, issued by the department to the practitioners, on how to obtain a fresh, clean, uncontaminated specimen. It is interesting to note that the cultural results are highly comparable to those from hospital sources with regard to contamination. Over fifty per cent of the samples show infection, and sensitivity reports are given as in hospital practice, the records showing that the majority of these are followed until a bacteriological cure is obtained or further investigation is necessary in an out-patient department.

In addition to urinary investigations, many miscellaneous conditions have been diagnosed in this section, e.g. dysenteries, salmonella infections, tapeworm, trichinosis and hookworm. With reference to

intestinal parasites, many of these are diagnosed from a previously-found eosinophilic white count particularly in a patient from abroad, the report on this having suggested the possibility of worm infestation—the result is that a sample arrives with a request for "stool examination as suggested by the abnormal blood film".

Serology. Requests for serotological investigations include those for suspected streptococcal infections, rheumatoid arthritis and venereal disease. Over the year, 18 positive antistreptolysin titres of over 200 units, 20 strongly positive Latex and Rose Waaler reactions and three cases of sero-positive syphilis (confirmed by the V.D. Reference Laboratory, Whitechapel, E.1) were found.

Biochemical. Investigations here brought to light 15 new diabetics, nine cases of myxoedema, one of obstructive jaundice, nine of infectious hepatitis and eight cases of gout. Of these 48 patients, 18 were admitted to St. Olave's Hospital whilst others were adequately managed at home with consequent saving of hospital bed occupancy. The cases of infectious hepatitis continued to have regular liver function tests and were kept under observation by their practitioners until the results were biochemically normal.

The Diagnostic Pregnancy service has kept at a steady level throughout the years since serological methods became available. Before this era we had to limit these requests, particularly in the winter months when it was difficult to maintain our frog population.

In conclusion, "open door" facilities appear to be useful to the practitioners in the area and the requests for such a service have shown a steady increase over the years, bearing in mind that it started from zero in 1950. The practice of this service has not only been helpful to the general practitioner, it is undoubtedly saved valuable time at hospital out-patient clinics, obviating the need to request consultant appointments to get an investigation performed. Furthermore, when a patient requires admission to hospital as a result of the investigations, the practitioner is able to give a positive reason for the admission and the houseman knows where to find the relevant laboratory results after hours.

To end on a personal note, it is thought that the hospital gains much interesting clinical material through this service and we enjoy getting to know our practitioner colleagues through frequent communication.

I would like to pay tribute to my Chief Technician, Mr. J. W. Cleak, F.I.M.L.T., who has helped to develop the laboratory service at St. Olave's and New Cross Hospitals, and a very cheerful and willing group of technicians throughout the years—without this loyalty the service could not be maintained.

My thanks are due to Dr. M. Abrams for some constructive criticism of this paper and to Wintrop House for a constant supply of the urinary sample direction cards.

AFTER GRADUATION... WHAT?

The newly qualified Dental Surgeon leaves hospital with a fund of professional knowledge but generally ill prepared for putting this to the practice of earning a living.

The first assistantship is of paramount importance, with special emphasis on working with a Principal who can provide the right professional guidance and bearing in mind such essential matters as surgery conditions, remuneration, location and partnership possibilities.

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Review of the Photographic Exhibition

The Photographic Society Competition Exhibition was held in the Gordon Museum during the fortnight commencing Monday, 12th May. It attracted a great many exhibits and the standard was very high.

Professor R. D. Emslie, Miss J. Hodgkins and Mr. W. Van Essen were asked to act as judges and they found it most difficult to choose between a number of outstanding pictures. They based their decisions on impact, originality, technical excellence and presentation.

The first prize for the best black and white print was awarded to Richard Wright for about the most powerful picture in the exhibition—a horrible face covered with cracked white paint. Technique was of a very high order.

C. B. Vulliamy well deserved the second prize for his delightful picture of a couple passing each other in a bleak, muddy field, and it was beautifully printed.

The judges were very impressed with several other pictures competing for these prizes, including "Public Footpath," by F.Z., a fine picture made out of the most unpromising material, and his picture of a dog shaking itself after a swim, although it was not immediately obvious what was going on; Richard Wright's black cat pictures; and the picture by Ferdinand of an eye with a window reflected in it.

A number of other promising pictures were reluctantly passed over by the judges because of slight technical faults, such as lack of print quality.

The judges found it much less difficult to decide on the best group of prints illustrating a particular subject or theme. R. F. Wilson's experiments with bromide—nude figures, a girl's head, and a bulldozer—and Ferdinand's group of people in everyday situations, were obviously the best by a long way. It was very difficult to decide between these, and eventually R. F. Wilson's pictures were given the first prize because of their originality and sheer technical excellence.

Ferdinand's pictures were of the highest professional quality and would repay close study by any photographer.

In the slide section there were numerous entrants, and owing to the necessity for selecting only a few for projection, the judges felt that they may well have overlooked many prizeworthy efforts.

R. G. Jezzard's colour transparency of a dragon-fly must have been the reward of long and patient effort and technically was first class.

A very near second prize went to S. C. Bazlinton for his transparency of a girl and a sewing machine. The judges thought this was quite delightful in composition, and the lighting and quality were beyond reproach.

The best set of slides was felt to be A. H. Chalmers' depicting a mountain rescue. This was a dramatic series taken under difficult and urgent conditions.

For the second prize two competitors reached an equally high standard B. Crichton's light patterns, the subject of a great deal of discussion, were chosen for extremely clever and original handling of moving lights. A. H. Chalmers' set of snow, sand and leaf patterns was ingeniously presented and of superb quality.

All competitors are to be congratulated on the quality of their pictures; there was not a single poor photograph in the exhibition. Thanks are due to Mr. Nigel Winter, the Secretary of the Photographic Society, who put in a lot of hard work to make the 1969 Photographic Exhibition a huge success.

Morna Van Essen.

NOTICES

Students' Club Council

A meeting of the Students' Club Council was held on 23rd May. The following matters arose which may be of immediate interest to the students.

1. **The Bar.** The sale of Skol lager was instituted on May 14th and has proved to be popular. The Bar is to be opened at lunch time for a test period during the month of June. Opening for this period will be on Friday and Saturday, from 12 p.m. until 2 p.m. The purpose is to provide students with facilities for a snack lunch.

2. **Billiards Room.** New coat hangers and ashtrays have been installed, and it is hoped to place a light over the notice board. There are still some students who are taking drinks out of the Bar into the Billiards Room.

3. **Public Address System.** The cost of installing and maintaining such a system in the East Wing is being investigated. It would be useful for calling students to the telephone and for advertising meetings. However, the idea has proved controversial, so students are asked to discuss it themselves and to tell their representatives of their views.

4. **Violet Walker's retirement.** Vi is retiring from the Spit after more than twenty years' service, and it was felt that the students might like to make her a presentation. Mr. J. O. Soul is dealing with this. Cheques should be made payable to the Vi Walker Retirement Fund.

5. **Medical Students' Stroll.** Guy's did quite well in the Stroll on May 17th, along the Pilgrims' Way, coming third overall with 230 walkers finishing the course. The Westminster won and Charing Cross came second. In order to win, Guy's would have needed 650 students finishing, as the overall winner is that Hospital with the largest percentage of their total students finishing the Walk. Some individual students deserve special mention: 7th, G. F. Langley Smith; 9th, I. J. Mackenzie; 11th, R. D. Kent; 13th, M. A. Brownjohn; 15th, M. J. Nockles. Miss D. Stephenson was the 3rd girl home, Miss P. Mason the 5th, Miss M. Apthorp the 8th, and Miss S. Thorne 9th.

Some improvements could be made next year. The Spit might be opened even earlier for the walkers, so that they could arrive at the start in good time.

Sustenance and medical care could be increased and the course better marked.

NURSING SECTION

Off-Duty Leisure.

Questions are often posed these days, "What *do* nurses do with *all* the off-duty they get these days?" Whatever they do, as a Tutor, I know what they mostly do not do! However, as a working young woman, with only a few weeks' abandon per annum as a student, does it matter how she chooses to spend her *own* time, unless it affects her on duty responsibilities. Recently much unfortunate calumny has been uttered by a less responsible group on how nurses spend their off-duty in order to supplement their training allowances, and this has distressed many nurses. To show that these girls still care enough when they are off-duty to help others, probably in greater affliction than their patients in hospital, I am including two short accounts, written by two of our nurses; they may not be as fluent as Sally Trench or ever earn the kudos she did, but their unsung labours will probably not be as ephemeral. I know that

these two nurses are only representative of many other students, whether nursing, medical or many other disciplines. If any other nurses are engaged in similar or other "off-duty leisures", I would be pleased to have any accounts printed in this section.

BLACKFRIARS FAMILY COUNSELLORS' PROJECT.

This was formed three years ago, led by Mrs. Eve Road, a qualified Social Worker. She started looking for voluntary family counsellors who would act as a friendly and supportive liaison between a family and the statutory bodies involved in helping them.

Volunteers were recruited from a wide range—both of age and occupation—and the problems with which they were faced in their families were as numerous.

I first heard about the Project through an informal visit to Blackfriars during our District Visits in Third Year School last year. I was most surprised at my acceptance as a "Counsellor", for I felt that I was both young and inexperienced. I felt, too, that suspicions that I would, as a nurse, consider cleanliness as next to godliness, would have to be dispelled!!

There are about 12 members in our group, and we meet usually once weekly for talks, lectures or discussions; our subjects varying from psychiatry to housing, all of which we find most useful in the work with our families.

Each member is taking his turn to present his family for discussion in the group, and when my turn comes to discuss the K—— family, the story will run:—

The family consists of Mr. and Mrs. K——, who have nine children. Of these, the eldest (21) lives with his grandmother; the next two (18 and 17) are at home; a girl of 14 lives permanently with foster parents; the next two—a boy and a girl, who are 13 and 11—are both at E.S.N. (educationally sub-normal) boarding schools, while the three youngest girls, aged 8, 6 and 3½, are also at home.

Their mother left home last September to live with another man, by whom she is now expecting a baby. The resulting problems are numerous: gross rental and hire purchase arrears, housekeeping difficulties, and the gross psychological effects on the children, who, although not accustomed to very adequate care from their mother, nevertheless, miss her dreadfully.

Occasionally a problem is soluble and these rare occasions give both the counsellors and the families the courage to accept some of the others and to keep on trying . . . .

ST. GILES' CRYPT, CAMBERWELL.

To sail into the harbour after a storm, to come into a warm firelit room when it's cold outside, to sip an ice cold drink on a hot summer's day—that is the Crypt to me, and it is that to me because I am sure that is what it is to the folk who come into it—a feeling of home to the weary traveller, the lonely soul, the friendless and desperate, yes, desperate. If it means this to me, try to imagine what it must mean to these sad and often footsore people.

The work began in 1961 when a handful of concerned people opened a section of the basement of the old St. Giles' Vicarage to distressed people in need of friendship and support. These people include vagrants, alcoholics, the mentally disturbed and people unable to work or pursue a normal life through some physical disability.

The Crypt today has a seating accommodation for up to 50 people, three small interview rooms and a refreshment bar. It is run mainly by a Director, three Community Service Volunteers and other voluntary helpers, and is open for three sessions each day. The St. Giles' Centre across the road maintains a 24-hour service throughout the year.

The Crypt acts as a "Casualty Clearing Section" for those seeking help, and they are diverted whenever possible to the organisation which can best serve their needs. Their needs cover almost the whole range of human distress and frailty, and the Crypt is able to give immediate and successful help to a substantial proportion of this group, the clientele increasing daily.

We help members who give penicillin without asking about sensitivity

THE MEDICAL PROTECTION SOCIETY

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SECRETARIAT

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CORRESPONDENCE

"Vi"

SIR,—Mrs. Violet Walker, better known to students frequenting the Spit as Vi, is retiring after twenty-six years.

The Students' Club Council feel that many Guy's students, both past and present, may wish to show their appreciation of her long service. There is, therefore, to be a presentation to her, and any contributions should be sent to Mr. J. O. Soul, c/o East Wing, Guy's Hospital. Cheques should be made payable to the Vi Walker Retirement Fund.

Yours, etc.,

ALISON P. HILL,
Deputy Student Secretary.

Guy's Hospital Students' Club,
Guy's Hospital,
London Bridge.

"But seriously, though . . ."

SIR,—I was interested to read your correspondent's report on the forthcoming meeting of the International Association for Dental Recherch(e). With regard to the remarks concerning the treatment of acute ulcerative gingivitis, your readers might be interested in the attached statement recently issued by the Chromic Acid Manufacturers' Association.

Yours, etc.,

DAVID LINDSEY.

COPY OF A STATEMENT ISSUED BY THE CHROMIC ACID MANUFACTURERS' ASSOCIATION CONCERNING THE TREATMENT OF ACUTE ULCERATIVE GINGIVITIS.

This association has for some time been aware that many of the more traditional treatments of paradontal disease are currently out of favour with some sections of the dental profession. Nevertheless, there is still a considerable demand for our product and, while not accepting that chromic acid is any more harmful than many other medicaments used in dental practice, we are taking steps to ensure that the destructive properties of the chromic acid supplied by members of our association will be reduced to a minimum. In the meantime we would welcome a proposal to set up a committee to investigate this matter, at the same time reserving the right to accept or reject its findings where applicable.

The Chromic Acid Manufacturers' Association has always been willing to co-operate with the dental profession in this matter, but as only a small proportion of the population is involved in this problem, it would seem to be more advantageous to encourage, by educational methods, a more intelligent use of our product, as it is possible that complete abandonment of chromic acid therapy may result in the adoption of an even more destructive treatment. To this end our products have for some time now carried specific instructions for their proper use.

With regard to the staining of acrylic resin dentures, we are advised that this is not significant as it rapidly becomes obliterated by deposits of calculus, and nicotine and other stains.

J. A. SMITH,
President, Chromic Acid Manufacturers' Association.

BOOK REVIEWS

DISEASES OF CHILDREN.

2nd Edition. Hugh Jolly. Blackwell. Price 60/-.

This is the second edition of a textbook which is very popular among medical students, as can be seen from the need for a reprint within two years and a new edition in four years from original publication. This edition is larger than its predecessor, containing more text and more photographs.

After beginning with chapters on history and examination, child care and the handicapped child, the book is laid out along systematic lines. All chapters are generally informative, well written and well illustrated. The book is aimed at both medical student and general practitioners, both of whom it should well satisfy. Of especial note for the general practitioner are the eminently sensible chapters on the newborn infant and emotional disorders. The section on infant feeding should be compulsory reading for those in child care, and medically qualified parents!

This is a valuable guide to paediatrics for its breadth of view and good sense and judgment. Its only failing is that in an attempt to cover all aspects, some subjects are skimped, for example, the development and growth section, while being admirably illustrated merely skims the surface of the subject. Nevertheless, this is a thoroughly readable book to be commended as a good buy.

I.M.M.

PRACTICAL BACTERIOLOGY.

N. Crowley, J. M. Bradley and J. H. Darrell. Butterworths. 50/-. 238 pages.

This book is aimed at supplementing the practical knowledge required by candidates for the Membership of the College of Pathologists. It is a convenient size with a plastic binding allowing it to lie flat on the bench. There are 35 sections and they cover, giving practical instruction, the whole of bacteriological techniques except virology and some special public health procedures. It is much too detailed for medical students, but will, I believe, be useful to Registrars seeking the College seal of approval. My only doubt is if with the work load of most routine departments they will have time to use it.

R. H. GORRILL.

SPORT

GOLF

LONDON UNIVERSITY GOLF CHAMPIONSHIP

May 20th, 1969

Eckoff Cup—Individual.

Results—D. L. Davies, 74 + 67 = 141. First equal.
D. Rowley-Jones, 71 + 75 = 146. 4th.
N. S. Davies—76 + 73 = 149. 5th.
D. R. Elliott, 78 + 78 = 156. 11th.

Beveridge Cup (Team).

Guy's Hospital, 435. 1st.
Imperial College, 446. 2nd.

The University Championship returned to Beaconsfield for the second year, the Guy's team containing D. L. Davies, the reigning champion, D. R. Elliott, and two newcomers from Cambridge: D. Rowley-Jones, a Blue, and N. Davies.

In the morning round it was left to D. Rowley-Jones to produce the best score of the four. His score of 71 by his own admission, not because of good striking, but by efficient close play. This is the mark of a good player, anyone can score when striking the ball well. In the afternoon he struck the ball better if anything, but had no luck and returned a 75.

Neil Davies played steadily throughout the day and scored 76 and 73, two very good scores considering that he had not seen the course previoulsy. Neil and Dai Rowley-Jones have made Guy's golf team again a team of great potential and a force to be reckoned with in hospital and University golf.

D. R. Elliott was reduced to the role of non-playing captain, his two rounds of 78 being of insufficient standard to be included in the team scores even, but for once he kept within the confines of the course.

The last but not least member of the team is Dai Davies. Last year he won this event with a total of 148. After his first round of 74, he must have felt somewhat shocked to find himself four shots behind the leaders; despite this, he went out in the afternoon and returned the best score of his career, a 67. This magnificent round was compiled under the greatest pressure possible, that of being defending champion. It was a great shame to see him lose the "sudden death" play-off at the first hole, but this does not detract from his performance.

Guy's walked away with the team prize by 11 shots, winning the mythical Beveridge Cup, which was last seen four years ago and has since vanished.

Our congratulations to D. L. Davies and D. Rowley-Jones on being selected to represent London University in the Boyd Quaich at St. Andrew's in July.

* * *

Other golf results this year:

Guy's v. Royal Dental Hospital (h). Won 4—1.

v. London Hospital (a). Won 4—1.

v. St. George's (h). Lost 2—3.

v. St. Bart's (a). Won 4—1.

v. Royal Dental Hospital (a). Lost 2—3.

It is good to see Guy's golf so active again at all levels throughout the club. The match play competition is well under way, and already some shock defeats have occurred, not the least that of Dai Davies by P. Breem.

D.R.E.

BOAT CLUB

ALLOM CUP

Saturday, 10th May, 1969

Guy's VIII—This is the University of London's Summer Regatta. The course is between Kew Railway Bridge and the Ship Inn, which lies just below Chiswick Road bridge.

The VIII had formed three weeks prior to the event, unlike the other entrants, who had been rowing together since January. However, intensive water training during the preceding weeks, paid dividends.

In the first round, Guy's had been drawn on the Surrey Station against St. Mary's Hospital. The VIII settled into their stride after 10 strokes, and a lead of 1½ lengths had been obtained by the end of the first minute. Rough water prevented Guy's from pressing home their advantage here, but by Quintin they had started to move well away from St. Mary's again. At Chiswick Bridge a lead of some 4—5 lengths had been established and a spirited burst of power at the end gave Guy's a verdict of "easily".

In the final, Guy's again on the Surrey Station, met University College and St. Bartholomew's Hospital on the Middlesex Station. From the start, Guy's and University College fought it out together, leaving Barts a canvas down. By the half-way mark, University College had established half a length lead on Guy's, with Barts trailing a further three-quarters of a length behind. Gallant efforts by the Guy's cox to get into the stream only gained us a caution from the umpires and instructions to return to our slack water. By the bridge, University College had increased their lead to one length and won impressively by 1½ lengths from Guy's and by 4 lengths from Barts.

VII—Bow: N. G. Daws; 2, J. L. Ogle; 3, K. O. Thompson; 4, M. E. Denyer; 5, M. J. Gleeson; 6, J. A. Osborne; 7, D. M. Gillman; stroke, J. A. Dalziel; F. J. Moorhouse, cox.

UNITED HOSPITALS MAY BUMPING RACES

This year the bumps were held on the 12th, 13th and 14th May with three crews representing Guy's

Guy's 1st VIII

The 1st VIII this term had an extremely powerful stern section consisting of five U.L. 2nd VIII oarsmen who kindly volunteered to make up the crew especially for the bumps.

On the Monday evening, Guy's started between Bart's I in front and Westminster I behind. Unfortunately, the starting gun failed to go off, and although most of the crews started, a complaint was lodged and the whole evening's rowing was cancelled.

The second night the starter, complete with new starting pistol, managed to get the race under way, and the 1st VIII shot off the start catching Bart's in front in an incredible 28 strokes. This put Guy's in 3rd position on the last night, with St. Thomas's I the target this time. Unfortunately, although the crew rowed strongly over the whole course, the nearest they managed to get to Thomas's was about three-quarters of a length.

Crew—Bow, G. W. Stygall; 2, P. J. M. Moulder; 3, R. Forrest; 4, A. Fenn; 5, D. Cooper; 6, J. C. Miller; 7, P. D. Robinson; Stroke, P. N. Gooder; Cox, R. Stanley.

May 13th and 14th

Guy's 2nd VIII

Tuesday, 13th—Guy's, placed 8th in the 1st Division, had Barts II in front and Thomas's II behind. A bad start nearly cost Guy's dearly as Thomas's rushed in very close. However, Guy's quickly averted the danger by pulling away by two lengths. Barts were very close now, and cox, trying for a quick bump, missed their rudder by a matter of inches. A hard ten was called for, and this did the necessary by planting our bows neatly in 7's rigger. This bump attained for Guy's the highest position held by a 2nd VIII in the competition.

Wednesday, 14th—Full of confidence, the VIII desperately wanted to bump Westminster I and realised quite rightly that their only chance to achieve this would be on the start. So it was—an excellent start, and about a minute's hard rowing brought us within five feet of our target. However, Westminster I, a strong crew over long distances, managed to hold us off, and by Kew Road Bridge were just about ½ length ahead. Guy's kept increasing their racing and worked right up to the finish, but just couldn't crack the Westminster crew, who ended ½ length ahead of Guy's, thereby forcing a row over which was, without doubt, the best row that this VIII had had together.

Final placing: Guy's II, 7th, 1st Division.

VIII—Bow, N. G. Daws; 2, J. L. Ogle; 3, K. O. Thompson; 4, M. E. Denyer; 5, M. J. Gleeson; 6, J. A. Osborne; 7, D. M. Gillman; stroke, J. A. Dalziel; F J Moorhouse, cox

Guy's 3rd VIII

The 3rd VIII this year acted as sandwich boat between the first and second division. This meant that if they did not get bumped on the first night, they had to turn round and row at the bottom of the first division.

On the first night after rowing over at the head of the second division, they competed at the bottom of the first division, making an early bump with St. Thomas's. However, as previously stated, the first division for this night was scratched due to a "non-start", but the crew managed to repeat their successful bump the following evening.

The third night they managed to hold their place, not quite bumping the boat in front. Thus the 3rd VIII moved up one place in all, reflecting an improvement of the crew over the "head" races.

Crew—Bow, J. Monson; 2, M. Howes; 3, R. Newton; 4, D. Barker; 5, R. Pinkney; 6, M. Wink; 7, H. Fuller; stroke, T. Ford-Jones; cox, M. A. Brownjohn.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the appointment of **Registrar** (full-time) with duties shared between the Departments of Conservative Dental Surgery, Dental Prosthetics, Preventive Dentistry and Dental Radiology, commencing 1st October, 1969. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than **Saturday, 28th June, 1969.**

GUY'S HOSPITAL

Applications are invited for the following appointments to commence on 1st October, 1969:

Department of Conservative Dental Surgery
Registrars to attend on 3 sessions per week.

Department of Dental Prosthetics
Registrars to attend on between 2 and 7 sessions per week.

Department of Preventive Dentistry
Registrars to attend on 2, 3 or 4 sessions per week.

Dental Radiology Department
Registrars to attend on 6, 5 or 3 sessions per week.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Saturday, 28th June, 1969.**

PRIZES

GOLDING-BIRD GOLD MEDAL AND SCHOLARSHIP IN BACTERIOLOGY MAY, 1969

The following award has been made:—
H. J. H. Williams—Gold Medal and Scolarship.

GOLDING-BIRD GOLD MEDAL AND SCOLARSHIP IN OBSTETRICS AND GYNAECOLOGY MAY, 1969

The following award has been made:—
Miss Y. F. S. Glen—Medal and Scholarship.

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY FINAL PASS LIST MAY, 1969

Miss P. J. Arch
Miss J. R. Bowskill
Miss S. J. Bradford
Miss W. A. Champion
Miss S. E. Cliff
Miss E. M. Franklin
Miss J. L. Harvey
Miss L. M. Holborn
Miss P. J. Skinner

CHANGES OF ADDRESS

Dr. and Mrs. A. P. Freeland, 28a, Staverton Road, Oxford, Oxon. Tel: Oxford 56452.

Mr. Donald Ross, (Home)—2 Chester Place, Regent's Park, London, N.W.1 (Tel: 01-935 6191). (Consulting Rooms)—25 Upper Wimpole Street, London, W1M 7TA (Tel: 01-935 8805, 01-407 7600 Ext. 532).

PERSONAL

PART-TIME practice nurse required for two-doctor partnership. To live in single flat at new surgery opening 2-6-69. Applications to Dr. White, Camden House, Bletchingley, Surrey.

DEATHS

MILTON—On 10th April, 1969, Leslie Edward Milton, M.R.C.S., L.R.C.P. aged 54 years, in Gisborne, New Zealand.

MULLALLY—On 16th April, 1969, Gerald Thomas Mullally, M.C., M.S., F.R.C.S., aged 81, Consulting Surgeon, Westminster Hospital.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2111

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Birthday Honours

Two of the recently announced Birthday Honours conferred by the Queen must have given great pleasure to all Guy's men and women. Mr. R. A. Hayward, a Governor of the Hospital for many years, is to be created Knight Bachelor, and Mr. W. F. Cook, who has recently announced his intention to retire after fifty years of service to the Medical School, is to be made an O.B.E. Both of these men have brought honour and distinction to the Hospital; we acknowledge the great work that they have done for the Hospital and School, and offer our congratulations to them on the honours bestowed on them.

The New Directory

After a difficult labour, the new directory has been delivered. It contains the names of all Guy's graduates, Medical and Dental, and their latest known address. The task of compiling this book, especially after a gap of eight years since the last edition, is enormous. The sheer quantity of copy to be checked and re-checked is enormous enough to make any editor blush. Mr. Warner has performed a service for which we are all most grateful. In a brief foreword, he asks for errors to be excused. With Mr. Warner as Editor, we feel sure that all errors will prove to be those of the suppliers of information, not the compiler.

This is the first Directory not printed by the *Gazette*, but we would still like to make a contribution to its continued success by encouraging all those who discover any discrepancies or mistakes to return the blue slip to the Directory Office (not the *Gazette*, please) with the correction on it. This will make the compilation of the next issue a much less arduous task for the Editor.

"Patient Learning"

Free from the outside pressures and disturbances, the patient, particularly the long-term patient, can frequently turn what many people would consider time wasted into an advantage. In hospital, many patients consider themselves far removed from society, and in effect cut off from their normal mode of life. In exchange, "time unlimited" is prescribed; time to think and time to learn.

The patient, plus symptoms, often disguised beneath a veil of false bravery, is invariably thrust suddenly into the tense atmosphere of an organization responsible for his repair, recovery and rehabilitation. Consider the barrage of stimuli directed at this disquieted person. The militaristic "air" of the ward and the frequent small gatherings of well groomed men and women of varying age and experience gathered sombre faced at the foot of the bed conversing in an undertone. Cut off from normal living perhaps, but not from thinking and learning. Anticipation of surgery or the fear of pain, stress the patient sometimes beyond the limit of rational thinking.

Recent excess press coverage of transplant surgery has rightly distressed many patients and prospective patients even to the extreme belief that they are material for human vivisection. Surely this is not the impression we wish to transmit. I do not believe that any patient bears enmity to those around him, although the indifference expressed, by both doctors and students, that one occasionally encounters, may drive him deeper into his shell.

Looking at learning in its most introvert form, that is, learning for learning's sake, this is curative in itself, and perhaps doctors should encourage the patient to pursue some absorbing new interest and thus build up a more personal relationship. Unfortunately the quantity of time the hospital doctor spends in conversation with his patients is limited, and therefore insufficient consideration is given to these not altogether organic problems. However, learning has a more positive part to play in the rehabilitation of a patient by contributing to his future usefulness on his return to work.

The American Dental Society of London

We offer our congratulations to Mr. C. H. Blockley on his election to be president of the American Dental Society in London.

Of Cats and Cockroaches

Night places have an atmosphere of their own. Crowded back streets become romantic promenades, and inconspicuous doors become gateways to various paradises. It is so at Guy's. At night the place is different. A sleeping ward, the silent passages, a tired Houseman passes a giggle of night nurses going off for lunch at a time when ordinary mortals are either ordering more Champagne or thinking of

Alka-Seltzer to overcome the effects of the same. Everything is more peaceful and so, paradoxically, more dramatic.

Of all the night places at Guy's the underground and the park are the two taken over by a night shift rarely seen during the day. Since the reconstruction of the underground passages the old inhabitants out in search of whitewash, paper or some such dainty morsel, have almost disappeared. In the park though, the cats still remain supreme. They sit outside Smith's and stare at passers-by with glowing yellow eyes as if to question their right to disturb the pax nocturna felicis, or chase each other for no good reason, uttering unearthly wailings.

Motor Medica

We publish the first of a series of articles on Motoring this week which, we hope, will prove to be of interest to most of our readers. Mr. Scott has much experience in the testing and assessing of cars and of the restaurants that the cars lead him to. His article will appear monthly and readers' reactions to this innovation will be most welcome.

Come to Sportsday

This year the annual Guy's Sportsday falls on Saturday, 21st June. As in previous years many of the athletic events were run off before Saturday, thus leaving the afternoon relatively free for more entertaining forms of competition. Such require little skill, only a desire to have some fun, and possibly win one of the "appetizing" prizes.

Whatever the weather is like, do please turn out and give your support, as this is still a major event in the Guy's calendar.

GUY'S DIARY

JUNE

30 M. 1.00 Clinical Lecture. Mr. HENRY.
"Fracture Healing."

JULY

1 Tu. 1.00 Clinical Lecture. Professor JOHN S. NAJARIAN
(Professor and Chairman of the Department of Surgery, University of Minnesota).
"Recent Developments in Organ Transplantation."

5.30 Lecture in Clinical Theatre (New Guy's House).
Dr. A. P. MONACO (Department of Surgery, Harvard Medical School).
"The Clinical Application of Antilymphocyte Globulin for Human Use."

Psycho-Somatic Disorders and The Present Mental Health Situation

by

Dr. Steve Jarvis

In the latter part of the 19th Century a giant appeared on the horizon of the medical world. He was not a medical doctor. He was a chemist, a Frenchman called Louis Pasteur. His work and discoveries enabled medicine and surgery to take an unprecedented bounding leap ahead. The whole of modern medicine and surgery is greatly indebted to Louis Pasteur's work which led him to a full comprehension of bacterial infection. A direct result was that for the first time doctors were able to wage an intelligent battle against disease. The prophylactic approach in medicine was quickly developed. Preventive medicine was born. A great fillip was given to Public Hygiene and Sanitation. Prophylaxis against disease and the prevention of illnesses and diseases came to be an important part of medical work and of public and world health programmes.

To a great extent the treatment of disease was correctly aligned as being a necessary measure to overcome that which should have been prevented. The weapons put into the hands of the medical profession as a result of the persistent and untiring efforts of Louis Pasteur in respect of the prevention of disease are among the strongest for the advancement and betterment of the whole human race.

Surgery was revolutionised and able to develop more quickly to its present-day level because an English doctor, a surgeon, realised the significance of Pasteur's discovery of the cause of fermentation and putrefaction of wine. He was quick to see that wound infection arose from the same cause as the disease of wine. Lister wrote to Pasteur to tell him this and to give him acknowledgement that his discovery of antisepsis for surgery was directly based on Pasteur's work. This gave Pasteur a great deal of pleasure and satisfaction.

Lister was big enough in his attitude and outlook to look at the work of a non-medical man and realise its implications and importance.

It should be noted here that, contrary to the opinions of many, the medical profession has always been ready and open to receive new ideas that will lead to advances in helping the sick and injured patient. Even though the ideas may stem from non-medical sources. The story of Lord Lister illustrates this fact. There are many other instances and it must, of necessity, be this way. Medical Science can exist and advance only so long as the scientific spirit survives.

So, this non-medical man, this French chemist, Pasteur presented medical science and the medical profession with tremendous

gifts. The medical world had been impatiently awaiting the arrival of these things, but did not know it. Naturally there was objection by many. There is usually an element of this with new discoveries. When Harvey discovered the truth about the circulation of the blood as a result of observation of facts and experiment, a great hullaballoo and controversy ensued. The information discovered was counter to the views of the accepted Authority, Galen. Many shared the view stated by one medical man, "male errare cum Galen quam veritam Harveii amplecti" ("I would rather err with Galen than accept Harvey's truth").

But truths are truths and remain so. Once discovered, a truth is there in strength, and cannot be pushed into the cupboard under the stairs or swept under the carpet. It cannot be destroyed. By the painstaking, persistent application of scientific principles, Pasteur discovered many truths which laid the foundations for Preventive Medicine and the prophylactic outlook, and for modern sanitation and hygiene. All of these are an accepted part of modern civilisation.

In the medical profession as a whole it is a well-known and accepted fact that the treatment of mental diseases is not nearly so well developed as the treatment of other diseases. An eminent mental hospital superintendent of my acquaintance gave me as his considered opinion a few years ago that the knowledge about, and treatment of, mental disorders and diseases as compared with modern medicine and surgery, is as the middle ages compared with this modern age. He was a popular man with his patients and had a scientific approach and questing mind. He wrote text books on mental health and treatment, but resisted many requests to go into private practice simply because he did not know enough truths about the workings of the mind and felt that he could not give value for the money he would be paid. This is not to decry the efforts of the many sincere doctors working in mental hospitals under great difficulties. Much is being done with modern drugs. Unfortunately, electro-convulsive ("shock") therapy is still being widely used. The time is fast approaching when it will be illegal. While it does make the patient quieter and calmer and more easily handled from the nursing point of view, it renders him so much less able to take advantage of new methods and treatments as they are discovered and become available as they surely will.

As for the prophylactic aspects of mental disease, these are limited to the good work done by the understanding G.P. in listening to and reassuring and calming upset patients, the use of tranquiliser drugs, the good aspects of mental hospital treatment, the work of Ministers of the Churches, Family Guidance Counsellors and by Alcoholics Anonymous. One must not forget the kind and understanding friend who listens and lets a lot of charged-up emotion be run off over a cup of tea or a glass of beer.

But the stark fact remains that there is no definite science of prophylaxis of Mental Disease. The simple reason is that not enough is known about the human mind.

Much has been said and spoken in recent years about psycho-somatic disorders and illnesses which are recognised as constituting 75% of the disorders dealt with daily by the average G.P.

As the medical world awaited the work of Pasteur nearly a century ago, so are we now awaiting the arrival of a Pasteur in respect of psycho-somatic diseases and the disorders of the human mind.

That this man and the needed information are here now, at this very time, becomes a certain fact to anyone taking the trouble to read "Dianetics, The Modern Science of Mental Health", by L. Ron Hubbard and published in 1950. In this work one reads such statements as:—

"Pyscho-somatic ills are caused by engrams".

"The engram is a moment of 'unconsciousness' containing physical pain or painful emotion and all perceptions, and is not available to the analytical mind as experience".

"Aberrations, under which is included all deranged or irrational behaviour, are caused by engrams. They are stimulus-response pro and contra-survival".

One finds these statements to be true and factual and unassailable. Now, 19 years after these truths were announced, it is surely time that we in the medical profession took an individual look at this work to see for ourselves its applications in this day and age.

Like Pasteur, Hubbard has done a prodigious amount of scientific work and research in his search for truths and in his discoveries of so many truths about the human mind and its workings.

As a medical doctor engaged in lines of medical research on the speeding up of healing processes, I entered his organisation to gain needed data and learn about his work inasmuch as it would be helpful to me in my work. I gained much tremendous and valuable information. I also met the man himself. He is undoubtedly the most sincere man I have ever met. His sincerity is directed towards helping mankind and the whole human race.

He has advanced our knowledge of the human mind far along the road beyond the wonderful work of Freud, Adler, Jung and all the others who followed. How he followed the route is outlined in "Dianetics: The evolution of a Science".

When I mention the work of Hubbard I refer only to his work in Dianetics. This is the aspect of his work concerning me as a doctor in respect of psychosomatic disorders, aberrations and abnormal and deranged behaviour in human beings, and also in my medical research work in connection with the speeding up of healing processes for wounds, fractures and injuries. In other words, I am basically concerned with medical aspects, the human body and the effects of the mind on the body. ("Dianetics" means "through the mind".)

I am not concerned here with Hubbard's later work on Scientology which developed from Dianetics as he searched for more and more truths and found them.

Scientology is a valid and exact science, but concerns the well and healthy individual. Instructions are rigid and specific in Scientology organisations that no one may commence the study of Scientology with a body complaint that can be treated by a registered medical practitioner. Anyone developing a body trouble or an illness while he is a student of Scientology is ordered to go to his medical doctor for treatment. Scientology is an applied philosophy for increasing human ability and is used by millions purely in this way. It may also be used as a way of life or as a religion.

But it is for well people to decide to take up or not take up, and as such is outside the scope of this article and is not concerned with me personally in my work on medical research.

As well as discovering the fact of the engram and its role in being the cause of psycho-somatic disorders, Hubbard worked out an exact technique, simple and easily and quickly taught, of running out or erasing these engrams. The only proviso is that as the human mind is precise in its exactness, so must the training of a person wishing to become trained to help run engrams out of others.

This tool for the handling of psycho-somatic diseases, for which the medical world has waited so long, is on offer and available to the medical profession. Hubbard is extremely strict and punctilious in his outlook that the healing of the body is the field of the medical doctor only. The engram is a discovered truth. An easy and enjoyable and simple method of helping patients to run them out and so no longer be effect of them is available to the whole medical profession.

The analogy referred to earlier between Pasteur and Hubbard is a striking one. Pasteur was not a medical doctor. Neither is Hubbard. Pasteur worked hard at producing what was needed at the time. The cause of the diseases ruinous to the French wine and silk industries. From the former cause Lister developed antisepsis for surgery. Pasteur grasped the concept of bacterial infection and opened the way by providing the tool for Preventive Medicine, Sanitation and Hygiene.

Hubbard has discovered the engram and produced the tool in an exact and scientific technique for running engrams. This tool he offers to the medical profession. Just as Pasteur's work opened the way for prophylactic medicine, so does Hubbard's work open the way clearly for the medical profession to take a firm grasp of psycho-somatic disease handling.

The old adage: "Prevention is better than Cure" became a reality through the work of Pasteur. Because of Hubbard's discoveries about the human mind in Dianetics, it is now possible for the medical profession to think in terms of prophylaxis where disorders of the mind are concerned, rather than treatment which is needed for what should have been prevented.

There is a growing dissatisfaction amongst members of the public about what goes on in our mental hospitals. Some shocking facts have been disclosed. Mr. Crossman, the Minister for Social Services, at the end of last month promised more money and more staff for the Country's mental hospitals. This is excellent if the money is to be spent on the right things. It would be interesting to discover what proportion of mental hospital patients are suppressed pain cases. These are the cases of insanity resulting from physical causes. The sufferer is in a general agony from, for instance, a nerve long ago crushed, as in an old spinal disc injury. This pain is distributed from its point of concentration to the whole of the nervous system. The person cannot think properly, has a dazed expression, cannot work or act. Patients do not always know they hurt. They suppress the pain or sensation. Particularly in the face of the demands of daily life and "having to get on with things". Such as with a busy mother or a having-to-press-on breadwinner. It is their "normal" daily burden. To them it is their "life" and the way things are. When they have an accident or undergo a distressing experience they cease to suppress the pain and may go "insane". This is to say they become consciously overwhelmed by pain or unwanted sensation. They cannot think or act rationally. They may even be insane only during periods of the day or month that coincide with the *time* of the accident. But they are in physical distress basically.

THE CORRECT ACTION ON AN INSANE PATIENT IS A FULL SEARCHING CLINICAL EXAMINATION BY A COMPETENT MEDICAL DOCTOR.

He may find disease, fractures, concussion, tumours, nerve root pressure, or an illness which has escaped notice and treatment and has become chronic. Such investigations, X-ray and laboratory examinations are all the more necessary at this time when so many cases of physical ill-treatment in mental hospitals are being revealed.

Therefore, Mr. Crossman, let some of this money to be spent on mental hospitals be used for the provision of X-ray equipment and laboratory equipment. Let some of the Staff to be appointed be medical doctors and X-ray and laboratory technicians trained and competent to deal with these cases.

How dreadful to think of an unknown number of mental hospital patients who have no real need to be there. All they need is a thorough medical full-scale investigation and treatment of the body, not of the mind.

It is only recently that we have emerged from a barbaric attitude towards the insane. Formerly treated as criminals, they were locked up in prison institutions. This attitude has survived in the Court decision needed in respect of insanity, i.e. fitness to plead. Even today the diagnosis of insanity, unlike the diagnosis of any other disease, involves the decision of a Court of Law.

Another reason for the persistence lies in the fact that owing to a paucity of knowledge of the mind and the causation of mental diseases, we medical doctors have been unable to be as positive about a diagnosis of insanity as of body diseases.

I quote here from Howard Haggarth's "History of Medicine, Devils, Drugs and Doctors," a very interesting work. "Man controls his own Destiny ; Recognition of facts and honest deductions are not natural to the human mind. The primitive instincts are for emotion and loose imaginings. The danger to the Scientific spirit, to the advance of medicine, and to the integrity of civilisation does not come from the masses of unthinking people. The danger comes from intelligent people who play a part in shaping civilisation but who have not been educated to think rationally; it comes from sentimental and idle people in whom the primitive instinct escapes from repression and rises to prevent thought. Medicine and Civilisation advance and regress together. The conditions essential to advance are intellectual courage and a true love for humanity. It is as true today as always in the past that further advance or even the holding of what has already been won depends upon the extent to which intellectual courage and humanity can prevail against bigotry and obscurantism."

Not being familiar with the last word I consulted a dictionary. Def. of *Obscurantist*—"one who is precluded by prejudice (as traditionalism or bigotry) from intellectual candor and open-minded inquiry and who is opposed to the introduction of new and enlightened ideas and methods".

We are in a desperate situation with our mental hospitals. We are also in a desperate situation with our daily lives when 75 per cent of every G.P's. patients are suffering from psycho-somatic disorders. In other words disorders with an engram behind them.

This is no time for obscurantism. Let us get to grips with the villain of the piece, the engram, and cast him out. The technique is simple, harmless and productive of results. An era begins with the discovery of a truth. The engram was announced to the world 19 years ago. The running of engrams on patients is in its rightful place in medical hands. If we do not now take up this tool it will be taken up by others. The engram is a discovered truth and an excellent and simple way of running them out is offered to the medical profession.

Let us delay no longer, but get on with it.

Survival of the not so fit

by

Nicholas Dodd

" Human evolution can be studied in retrospect and in prospect. However, the only way to discover what was, or to predict what will be, is to understand what is. Man desires to know from whence he came and whither he is going. Fossil remains are an important source of information about the past. Yet the interpretation of the evidence of fossils is heavily dependent on what is known about the living. Inferences about the future can evidently be based only on a knowledge of the present. The past cannot be changed, but man hopes that he can to some extent control the future. Moreover, he wishes to engineer the future in accordance with what he, in his wisdom or lack of wisdom, regards as good and desirable".—Th. Dobzhansky, at the third international congress of human genetics in 1966.

Until a few hundred years ago, every living species on earth was governed by the natural law of the survival of the fittest. This law still holds throughout the animal world, although whether it now strictly applies to some domestic and caged animals may be in doubt. Furthermore, there are still some primitive human societies where our modern civilisation has not yet penetrated who are still subject to it. Unfortunately, it is the opinion of many geneticists and anthropologists that these remote divisions of our race will remain unblemished for only one or two more generations.

With the advent of the modern sciences, especially medicine, we find that we have completely shattered this law and that in an ever increasing proportion it has gradually begun to apply to us no longer. It is vital that we should seriously consider today, the consequences in future years of many recent medical advances. As a direct result of many discoveries, we are in the process of changing our evolutionary course; since we have broken a perfect natural law and cannot regress, we must eventually, ourselves, make new laws in order to prevent the formidable sequelae of this new path. No one can deny the immense benefits which medicine has bestowed on mankind, but, is it beneficial to prolong the life of a child with an incurable condition for a few years by partial or temporary treatment? In many cases, the answer may be yes on the grounds that a permanent cure may soon be found. But, supposing the condition is, at best, partially or, at worst, totally genetically determined; then, by finding a cure, we are merely increasing the amount of potentially harmful genetic material in the population.

Diabetes is a condition in which there is an impairment of carbohydrate metabolism and the more severe form of the illness presents early in life. Before the discovery of insulin in 1922, diabetics had poor general health, a much reduced life-expectancy and

a marked degree of infertility. Now they are able to live relatively normal and relatively long lives as compared with the general population. However, diabetic women are more likely to have overweight babies, stillbirths, and babies with certain congenital malformations. The evidence that diabetes is, at least, partially genetically determined has come from studies of twins, and the frequency of the disease in relatives of affected persons. In one large series it was found that 65% of identical twins were concordant, i.e., both were affected or neither were affected, and only 20% of non-identical twins were concordant. Unfortunately, no comprehensive study has yet been performed on identical twins reared apart. A recent study in London showed that diabetics under thirty when diagnosed were about fifteen times more likely to have an affected sib than healthy persons. These results favour the genetic theory of diabetes, although there are obviously some environmental factors involved in the disease. There are many more examples, but a passage from "The principles of human genetics" by Curt Stern sums up the point I wish to make:

"Diabetes mellitus, harelip and cleft palate, and pyloric stenosis are relatively common defects. There are many others which are rarer when appraised singly, but which together add up to a considerable total for which medical knowledge and surgical skill have made possible not only survival, but a normal life, including greatly increased chances of reproduction. This increased fitness of the bearers of abnormal genes, together with a presumably unchanged rate of mutation from normal to abnormal, is bound to lead to a higher accumulation of abnormal alleles responsible for the hereditary classes of such defects ".

So far I have tried to outline the situation in which we now find ourselves. I could quote more examples and produce more evidence, but I think this is unnecessary as the problem is obvious (although we tend not to face ourselves with it). Many of Jules Verne's novels were, at first, treated as science-fiction impossibilities, and this type of attitude is still widespread for 1984 and Brave New World.

The problem, one could say, is iatrogenic, and it is a problem for which a solution must be sought, not only by geneticists, in particular, but all members of the medical profession. If we do not start now we may very soon find that we have an inoperable cancer on our hands. Cancer kills the body, itself a part of the body.

What can we do? It is very difficult to close research programmes into various diseases and impossible to rediscover drugs and treatments which are now well established in medicine. We cannot compulsorily sterilise those who carry potentially harmful genetic material, and here we are faced with another dilemma—just what is potentially harmful genetic material. Most of us would agree that dominant genes and their ill-effects are undesirable, but who can say what recessive genes, with the possible advantages they confer are undesirable or not.

Most couples still want to produce their own children if this is possible. However, artificial insemination has been with us for many years and has been used mainly up to the present as a means of giving a couple children where the man is found to be infertile. The source of these sperms has, naturally, been a range of healthy young men, although there was a case of an American G.P. who used his own sperms in all his cases of artificial insemination. The practice of this procedure relies on the fact that the couple's desire to have children overcomes their feelings of abhorrence towards the unhappy situation. The procedure, of course, has difficulties of its own, e.g. the documentation and collection of sperms and whether the couple should be able to choose sperms from a particular type of man. If we try to apply the same method to a couple where the man is known to have potentially harmful genetic material, we are faced with yet another difficulty—the man's reaction on being told that he is not a suitable individual for procreation, although he will, most likely, be normally fertile. This may result in, as it were, a psychological rebound reflex so that he produces more children in order to try and prove to himself that he is a perfectly normal person. Similar procedures for women, i.e., the introduction of ova followed by normal intercourse will be fraught with similar difficulties.

Another quote from the 1966 international congress—"We as geneticists concerned with man should see it as part of our own responsibilities not only to enlighten the public, but also to promote, in the meantime, the collection, documentation and storage of superior germinal material". These last few words bring to mind the possibilities of the creation of "master races", and here is just one more thing we must closely watch and guard against. The most valuable contribution we can make to this problem at present is the enlightenment and education of the general public in these aspects of eugenics. We must control the situation and not let the situation control us. We may destroy ourselves with atomic weapons, but if we survive that, this would be the most absurd and tragic self-destruction of all.

GUY'S HOSPITAL PSYCHOLOGICAL SOCIETY

Dr. Ronald Laing

on

THE PSYCHOTIC IMPASSE

In the Chair, Dr. J. H. Willis.

Physiology Theatre, 5.45 p.m.

Monday, 23rd June

ALL WELCOME

LOURDES—a teach-in

12th May

I beg "Gazette" readers not to look on this as a "bourgeoise effete recreation"!, but rather as an informative criticism.

I won't admit I went as a sceptic, but last week's "Teach-in on Lourdes", in the Clinical Theatre, New Guy's, proved to be surprisingly interesting. What could have been a heavily religious debate from a group of overbearing fanatics, was without a doubt an absorbing personal and, above all, sincere discussion on the facts and fiction of the French town of Lourdes—famous for its alleged apparitions of the Virgin Mary in 1858, and its credited miraculous cures.

It would not be wrong to say the panel were charming. Their obvious sincerity and possible apprehension at being the target of attack from a sceptical, amused and perhaps aggressive audience was refreshing. They comprised a varied cross-section, with Lord Whigham as chairman, and the panel including Mrs. Whigham, Dr. Turner, a G.P., Rev. Dr. Holmes, a Nurse, a polio victim, and a Medical Student.

Lord Whigham introduced the "Teach-In" with a selection of coloured slides showing the stages of a journey undertaken by a number of people last year. The speed with which he projected them did not permit loss of interest or concentration! I think two realisations were particularly evident, namely, the vast thousands of people who visit Lourdes, and the look of amazing cheerfulness on the faces of the crippled and diseased people. The numbers of patients in respirators and wheelchairs being lifted from train to ambulance to all types of exposed places for seeing, praying or relaxing was terrific!

In the chairman's words, the "Teach-in" was to afford the opportunity to the audience to air their queries, antagonisms, prejudices and disbeliefs.

It was a surprise to discover the panel's respective answers to a query as to why each member visited Lourdes, and why they subsequently return.

Lord Whigham: ". . . I was press-ganged into accompanying my wife on a pilgrimage! . . . had a foul journey there . . . now return because Lourdes is a gay place, there is no unhappiness, or disappointment . . . the atmosphere is one of helping the sick enjoy themselves. . . ."

Mrs. Whigham: ". . . As a child I was very taken by the film, "The Song of Bernadette," and always wanted to go and see for myself. . . . I return because it is for me a powerhouse of inspiration to which one feels the need to return for recharging."

Dr. Turner: ". . . I was asked to go and work there in 1953 for a short while . . . now I go once or twice a year . . . it makes a refreshing change from General Practice . . . as a Doctor I feel I can give help and advice . . . it is a stimuating method of rejuvenation!"

Medical Student: ". . . I first went, not particularly enthusiastically, with a party of fellow lower sixths from school . . . been back five times since . . . as a voluntary helper in all fields of the care for the sick visitors. . . . I get a great kick out of it. . . ."

Polio victim: ". . . I was wheelchair ridden and determined to get out of myself . . . went with a party . . . look on it now as a holiday of a lifetime. . . ."

Father Barry Holmes: ". . . asked to accompany a group of people . . . not all that keen . . . return because I find the atmosphere and people happy and alive . . . the percentage of young people and students helping is amazing. . . ."

It was interesting to find that only one of the panel, Mrs. Whigham, professed a determined desire to visit Lourdes. When asked why they felt there appeared to be general misunderstanding, ridicule and disinterest on the part of the general public who haven't been to Lourdes, Lord Whigham raised a laugh by suggesting (and refuting) that Lourdes was considered the centre of a great Roman Catholic "Jamboree"! Anyone and anybody can and does visit Lourdes.

Many people fear perhaps an oppressive religious atmosphere—the panel were very united in disputing this. The atmosphere around the Grotto (where the apparitions occurred) and the Basilica (Church holding 25,000) is one of peace and serenity.

The myriad souvenir and "Get your Holy Water here!" shops and sellers was dismissed as typical of a large holiday centre, and worthy to be ignored !

The question of miraculous cures was another sceptical subject, ably answered by Dr. Turner. He quoted interesting examples, including a patient restored to full sight despite the absence of an optic nerve, a smashed tibia seen to be completely regenerated on X-ray—even Guy's has a reputed cure, a young boy from S.E. London. It appears that miraculous cures are very much played down in Lourdes. Indeed, there is an extremely complex investigation covering twelve years carried out by the International Medical Union of Paris for every reported "miracle". The majority of sick people do not attend for a cure, but for a number of reasons, including curiosity and a desire for a holiday where other sick and disabled people are looked after.

The panel were enthusiastic and keen to interest us in their feelings. They certainly did not face or attempt to overwhelm us with their opinions. I came away feeling that perhaps my concepts on Lourdes were a little old-fashioned—it seems to be a place where the sick take pride of place, and most people have a jolly good holiday.

All I need is a visit to convince myself completely !

F. Dallasso.

MOTOR MEDICA

by Harry Scott, L.D.S.

Alfa-Romeo 1750 Berlina

Px—First-class road holding, steering and brakes; powerful 122 b.h.p. engine; sweet five-speed gearbox; comfortable 4/5 seater, some detail finish disappointing. Vivid acceleration, 115 top speed, 25 m.p.g.—£1,850.

Compact at 14ft. 5in. long, the body is the current three box shape, and easy to clean. Beneath the forward opening bonnet the twin-overhead camshaft engine and its ancillaries are easily accessible. The boot is large, with a rubber-covered floor beneath which is the spare wheel and a good toolkit.

The doors open wide, providing easy access to the carpeted interior. The comfortable front seats have hand wheels for infinite adjustment of rake, and the rear seat is ingeniously variable from a very comfortable two-seater (with centre locker-cum-armrest) to a three-seater by inserting the central cushion provided.

The fascia is matt black with a pseudo wood insert which is repeated on the centre console. Instrumentation is very complete, and I particularly

like the warning lights for low fuel level in the gauge and heater fan operation in the tachometer. Ventilation is by swivelling louvres on the fascia and in the foot wells, and stale air is extracted through grilles in the rear quarters. The pedals, unusually, sprout from the floor, but are anatomically correct and easy to use. A foot rest for the clutch foot is provided, and high on the toeboard is a useful foot operated screen wash and wipe control. The wipers clear a very large area of the screen. Two stalks beneath the steering wheel look after indicators and lights, the horn button being in the spokes of the wheel. The whole interior gives a feeling of luxury and efficiency, marred by a few examples of poor detail finish.

Su Strada

This is a driver's car, for, from the moment you start the engine and hear the delightful subdued roar you are in for memorable motoring. The driving position is excellent, and all four corners of the car are visible. Steering is light and accurate, but the 38ft. turning circle is rather large. Road holding, under all conditions, gives great confidence, the Alfa romping up the hairpins of my test route. The tail can be lost by a heavy foot on the throttle, but it is instantly controllable The all-round disc brakes are the best I've tried, light and progressive with no fade. The hand brake easily held on my 1 in 4 hill, after which the 1750 accelerated briskly away. The whole body structure is rigid, and the ride is smooth, if a little hard.

Over the pot-holed section the Alfa remained stable and controllable. This is a quiet car, there is little wind or tyre noise and the engine noise is so delightful that you change down just to hear it. Fifth gear, being indirect, does whine slightly. The gearbox is superb with well chosen ratios. Unlike some Italian cars the engine produces power and torque throughout the range and will pull 1,000 revs. in 5th gear without protest.

Maintenance is required every 3,750 and 12,000 miles. Alfa's new building in Edgware is most impressive and I would have confidence in the servicing and spares situation. It is hard to describe the sheer joy of driving a car with such "roadability". The Alfa seems to be connected to the driver's nervous system, and has such controllability that it is a very safe and enjoyable car indeed. I can readily forgive its undistinguished lines and few faults, it must be one of the world's best saloons.

In similar vein may I recommend :—

Ristorante Conca D'oro — 1 etoile ecosse.
54 Red Lion Street,
Holborn, W.C.1. — Tel.: 242 6964.

Try their Conca d'oro—veal with orange sauce—followed by zabaglione, washed down with a bottle of sparkling Lambrusco.

NOTICES

GUY'S DIRECTORY

1969 Edition

It is much regretted that this book was not available for distribution on the date expected.

Copies, price 30s. each, post free, are now available. Cheques should be made out to Guy's Hospital Medical School and sent to "Guy's Directory," c/o Front Lodge, Guy's Hospital, London, S.E.1.

Please note that communications regarding the Directory should be sent to the above address and NOT to the "Gazette" Office.

Guy's Aberdeen Dinner

The Guy's Dinner at the B.M.A. Annual Representative Meeting in Aberdeen will be held on Friday, 4th July, 1969, at 7.30 for 8.15 p.m., at The Lang Stracht Hotel, Aberdeen. The price of tickets will be 45s. each, which will include wines and service. All Guy's people and their wives and friends will be welcome at this informal dinner, and we hope for the largest possible attendance.

Tickets may be obtained from Dr. S. Scott, Station Road, Epping, Essex, or from Dr. Ian Field, B.M.A. Headquarters, Tavistock Square, London, W.C.1.

Student Medical Education Committee

The A.G.M. of the Student Medical Education Committee was held on June 2nd. The main business of the meeting was a report given by the Chairman reviewing the past year's activities, and to appoint officers for the forthcoming year.

The Chairman stressed the opening of new channels of communication with numerous members of the teaching staff and their departments, and emphasised the necessity of continued student enthusiasm if any progress was to be made in the system of our education.

The following were appointed :—

Chairman: Mr. S. Kraemer.
Secretary/Treasurer: Miss E. Hogwood.
Representative to Medical School Council: Mr. R. S. Trompeter.

As a result of the recent S.M.E.C. elections the following are Student Representatives:—

S. Kraemer. J. Pitt-Payne. R. S. Trompeter.	Third-year Clinical.
Miss I. Cormac. Miss E. Hogwood. D. F. M. Thomas.	Second-year Clinical.
C. Manning. M. Stodell.	First-year Clinical.
C. J. Rudge.	B.Sc. year.
P. Watkin.	Second-Year Second M.B.
A. M. Wiendling. N. J. White T. Barnes.	First-year Second M.B.
R. Saumerez.	First M.B.

The next S.M.E.C. meeting will be on Monday, 30th June, at 5.30 p.m., Committee Room, East Wing.

Derek Hardy: flying doctor.

When Derek Hardy qualified last year, he wanted to see something of the world, so he joined the Royal Navy as a Surgeon Lieutenant on a 5-year commission.

Now he's G.P. to over 100 men on board the helicopter support ship Engadine, enjoying travel and all the varied activities and responsibilities of a Naval Officer. He's gaining first-hand experience of cases which he'd rarely encounter at home, besides good solid on-shore experience looking after Naval families (including midwifery) and working in Naval Hospitals.

Join the Navy as a young doctor and you're still a young doctor when you *are* ready to choose whether to make a permanent career of the service or to go into civil practice. But a lot more experienced.

3 ways you can join

1. As a student at any time after passing 2nd M.B. If accepted for a 5-year commission, you will *immediately* start being paid £800 a year plus allowances as a Surgeon Sub-Lieutenant.
2. During your pre-registration year for a 3 or 5-year Short Service commission or longer.
3. As a fully registered doctor for the same length of service or longer; civilian experience counts towards your seniority.

Write for more information to the address below giving your age and qualifications, and we'll be glad to arrange an interview.

The Medical Director-General of the Navy (26BY1), Empress State Bldg, London S.W.6.

RN
ROYAL NAVY

Off to an emergency at sea

Guy's Hospital Ladies' Association

Derby Sweepstake Draw.

D. Meffie, c/o Bloomfield Clinic, Guy's Hospital, S.E.1. No. 2875, Blakeney, £25.
Carmen Lopez, Bramham Gardens, Earl's Court. No. 2855, Shoemaker, £15.
G. E. Archer, 72, Woodlands Grove, Coulsdon, Surrey. No. 5145, Prince Regent, £10.
B. Whyte, Matron's Office, Guy's Hospital, S.E.1. No. 1934, Pardigras, £1.
David Bridge, KIN 2450. No. 4682. Dutch Bells, £1.
P. Ranger, c/o East Wing, Guy's Hospital, S.E.1. No. 7117, Santamoss, £1.
Margaret Oppe, 18, Belleone Road, S.W.13. No. 10810, Paddy's Progress, £1.
G. Day, Cranley, 4, Oakhill Road, Ashstead, Surrey. No. 1820, Agricultore, £1.
Sister Hurst, Guy's Hospital, S.E.1. No. 10472, Soroco, £1.
E. Watts, 281, Devon Mansions, Tooley Street. No. 5028, Sylvalgo, £1.
Mr. Bob Nairn, Royal Dental Hospital, 32, Leicester Square, W.C.2. No. 1698, Belbury, £1.
Master A. O'Brien, c/o 19, Hawthorn Avenue, Rainham, Essex. No. 2530, Moon Mountain, £1.
V. M. Neal, Bella Vista, Ringmer Place, N.21. No. 6281, Dieudonne, £1.
L. M. Hoedsworth, G.H.N.L. No. 7189, Agustus, £1.
Mrs. Franklin, 80, Ardgowan Road, Catford. No. 10872, Silence d'Or, £1.
D. Potter, 47, Glebe Avenue, Braintree, Essex. No. 9245, The Elk, £1.
C. Thelsey, 45, Silverdale Road, St. Paul's Cray, Kent. No. 13656, Stoned, £1.
P. Rust, 51, Falmouth Avenue, E.4. No. 6402, Ribomar, £1.
A. C. Campbell, 40, Harley Street, W.1. No. 8456, Timon, £1.
Maurice O'Callaghan, c/o Guy's Hospital Site, St. Thomas's Street, S.E.1. No. 6474, Mitsouko, £1.
Shaun Simnett, 68, Kew Green, Kew, Surrey. No. 269, Ribofilio, £1.
Mrs. F. Cook, 25c, Lansdowne Road, Tunbridge Wells, Kent. No. 6621, Chadwick Stone, £1.
R. J. Arrur, 52, Templemere, Oatlands Drive, Weybridge. No. 2254,Tantivy, £1.
Sister J. Dunning, Astley Cooper Ward, Guy's Hospital, S.E.1. No. 13750, Backing Britain, £1.
King, —., 2, Manor Road, West Wickham, Kent. No. 2292, Hard Slipper, £1.
Mr. Town, 21, Park Street, S.E.1. No. 8949, Intermezzo, £1.

CORRESPONDENCE

Occupational Therapy

SIR,—Why is it that there is no Occupational Therapy available for Guy's patients in the medical and surgical wards, as there is in the York clinic?

I know that many of the medical staff felt that this would be an important part of treatment. I felt this could be particularly helpful with the over 60's. I am often involved with assessing their ability to continue to look after themselves alone, if they could have some help and practice in a kitchen, for instance, the assessment would be more accurate and their own self-confidence much improved.

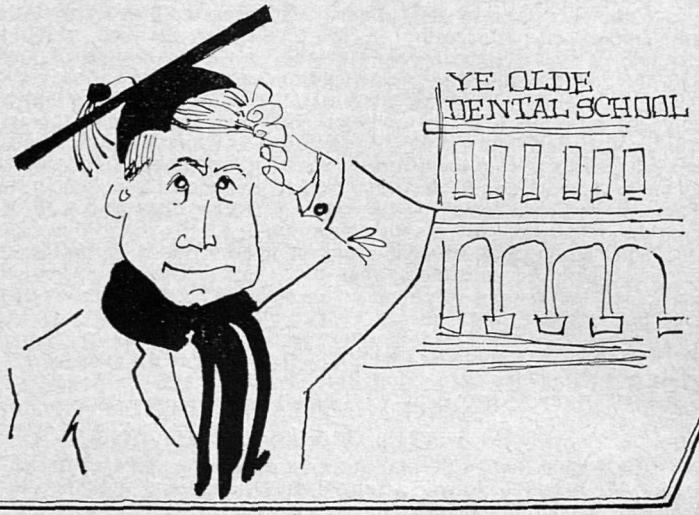
I would be very interested in further opinions.

Yours, etc.,

ANN RAYNER,
Medical Social Worker

Department of Medical Social Work,
Guy's Hospital, S.E.1.

AFTER GRADUATION... WHAT?



The newly qualified Dental Surgeon leaves hospital with a fund of professional knowledge but generally ill prepared for putting this to the practice of earning a living.

The first assistantship is of paramount importance, with special emphasis on working with a Principal who can provide the right professional guidance and bearing in mind such essential matters as surgery conditions, remuneration, location and partnership possibilities.

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SPORT

SPORTS EDITORIAL

The name of Guy's has so long been associated with sport that the old joke of the hospital having originated from a rugby club had a certain amount of truthfulness. The great successes of Guy's sportsmen indeed still feed such a myth. However, such a picture of a hospital filled with sportsmen is no longer true. Instead of healthy young athletes, the place is filled with white faced, rather paunchy students who spend their time assiduously trying to avoid team selection.

With the exception of a minority, the great bulk of students seem totally uninterested in participating in sport. During the last rugby season, for example, it was a common sight to see only four complete teams out on a Saturday, when only three years ago there were nine. The cricket team is "pushed" to find only two sides and the Athletic Club is always short of competitors. This is not to say such clubs are unsuccessful, the active players still produce brilliant results. However, it is hardly the point, sports are not only designed for competition, but also for physical and mental exertion, a chance to meet non-medical people and above all to get out in the fresh air. These points, together with the ésprit de corps obtained with team games, provide an integral part of our education.

What is the cause of such a lack of interest? Is it because over the recent years we have become more apathetic? Ask yourselves, when did you last participate? You can recommence an active life by going along to the Sports Day on Saturday, 21st June.

T.H.

GOLF

STAFF v. DENTAL STUDENTS

Selsdon Park, Thursday 27th May, 1969.

The annual Staff v. Dental Students match was once again held at Selsdon Park. Mr. Baker had again arranged the meeting and similar to last year, had managed to get the weathermen on his side.

The morning round was spent "getting into the swing"—for some this meant after a lapse of a few days, for others it meant the first game for a year, which made controlling "the little white monster" correspondingly more difficult. With strict instructions from Mr. Baker that lunch was at 12.30, true to form, half the players did not come in until 1.30, and after some replenishment of body fluids, sat down to a very nice lunch.

At lunch, Mr. Baker disclosed his closely-guarded and much speculated-on secret, the pairings for the afternoon, which led to some rapid calculation of handicaps and stroke allowance.

The serious event of the day then started. As teeing-off was staggered over about 45 minutes, the usual audience at the first tee was absent and so most of the first drive nerves were similarly absent. This did not, however, stop some people from driving out of bounds here for the second successive year and others from taking three strokes to reach the fairway.

As play went on, somewhat slowly in parts, raised voices drifted from different corners of the long, hilly course. With such picturesque accents as Irish, Scottish, Australian, Yorkshire ! ! and, needless to say, Welsh, this ensured that there was never a dull moment throughout the afternoon, with the occasional "dashed bad luck" from the minority group present.

As each party returned to the club house, the results were collected, with the result that the staff had won by $3\frac{1}{2}$—$2\frac{1}{2}$, reversing last year's result.

As is usual after a round of golf and some liquid refreshment, the hard-luck stories came rolling out, the students' captain's "Jack Nicklaus" clubs had let him down on the last green, where a missed 2 foot putt had cost him a half instead of a win and a chance to draw the match.

No one had emulated John Toplis' eagle of last year but with so many "unlucky bounces" and "badly placed bunkers" this was not really surprising.

As the evening wore on, people drifted away but everyone agreed that it had been a very enjoyable day. Mr. Baker received many thanks for once

again organising the match and all those who played hope that he will organise it again next year.

Results :

Mr. Caudwell and Mr. Haworth lost to J. Toplis and F. Foster.
Mr. Baker and Mr. Steward beat S. Poole and J. Woods.
Mr. Rowe and Mr. Robinson halved with P. Breen and J. Cunliffe.
Dr. Binnie and Dr. Naylor lost to P. Williams and B. Wright.
Mr. Buchanan and Mr. Macdonald beat D. Davidson and D. King.
Mr. Mansie and Mr. Richards beat M. Roberts and M. Thomas.

G.M.T.

CRICKET

JUNIOR HOSPITALS CUP SEMI-FINAL v. ST. BART'S.

at Chislehurst.

After two magnificent walk-overs against U.C.H. and Charing Cross, Guy's 2nd XI were surprised to find themselves in the semi-final. Bart's won the toss and elected to bat in sunshine. Hartley and Thompson made an early breakthrough and Bart's slipped to 24—4 wkts. and then 52—7. However, despite some good slow bowling by Smith (2—34) and O'Keefe (1—24), Bart's progressed to 101. Hartley bowled very well indeed to obtain the figures of 6—16. White caught two superb catches—he also produced the most outstanding appeal of the match, waking up several of the deep fielders but leaving the umpire unmoved.

Guy's then went in to bat and despite the captain's claim to bat down to number eleven, were all out for 68. The early batsmen found the wicket-keeper's gloves with unerring accuracy. Croft then came in and attacked spendidly, ably supported by O'Keefe. After a fast 29, Croft was unfortunately out—caught at deep mid-off, whilst attempting to launch the cricket ball into orbit. Whilst O'Keefe defended resolutely at one end, wickets fell rapidly at the other and Guy's were soon all out. It was interesting to note that the only member of the team to score a duck was appropriately the captain of the Swimming Club.

It was pleasing to see that, despite several defeats this season, the team as a whole showed great enthusiasm and even at times a glimmer of skill against a team of greater experience.

M.J.H.

U.H. CUP 2nd ROUND

GUY'S v. U.C.H.

At U.C.H. on May 22nd.

U.C.H. 85 (Clarke 4—25). Guy's 86—2 (Burns 64 not out).

Result: Won by 8 wickets.

Apart from a few good individual performances by Guy's players, this game was worthy of very little comment.

A pitifully weak U.C.H. side was efficiently disposed of by Bob Clarke and Charlie Pearson, who were supported by some good fielding. It is a long time since the "catches" box has not featured in the bar after the game.

It is interesting to note that U.C.H. took three hours, that is 45 overs, to amass this paltry total. It appears that unless some overs limit is imposed in this competition, such appallingly dismal cricket will be an ever-present feature of these early rounds.

Roger Burne got our runs virtually by himself. He took his chances and showed no respect at all for the bowling in cracking an entertaining and forceful 65 not out.

Clive Debenham took five very fine catches behind the wicket. If only he could play every week !

We don't see much of John Scoble these days. And so it was nice to see him turn up to support us at lunch time !

D.R.C.

GUY'S v. STOICS

At H.O.P. on May 14th.

Result : Lost by 8 wickets.

Guy's 203—2 dec. (Burns 70, Clark 70 not out). Stoics 206—2.

From the scores one would imagine a fast scoring rate for even a full day game, but for so many runs to be scored in half a day is remarkable.

Despite the fact that Guy's delayed their declaration till 5.15, the Stoics won with 25 minutes to spare.

On the most absurdly easy paced pitch, ever seen by most of the players in their various careers, Burns and Clark dominated an impressive Guy's display, each playing some delightful strokes. 203 runs seemed more than enough runs for safety, and yet the Stoics "collered" the bowling from the word go. There did not seem to be any way of stopping this onslaught. No catches were dropped, even.

It was a good day for the batsmen and spectators but a heartbreaking day for bowlers.

D.R.C.

GUY'S HOSPITAL C.C. v. CHARING CROSS HOSPITAL C.C.
1st Round U.H. Cricket Cup.

Result: Guy's won by 8 wickets.

The Charing Cross batsmen never looked at ease and able to score freely on what was essentially a batsman's wicket. This was mainly due to accurate medium pace bowling by R. Clark (4 wkts. for 25 runs) and R. K. F. Clark (4 wkts.) moving the ball in the air and off the wicket.

With 165 runs to beat, the Guy's opening pair batted well. R. Burns hit a lively 30 runs before being caught, trying to quicken the pace. A. Gillham, his partner, was more selective with his hitting and consequently batted on to produce 58 runs. The most entertaining batting of the day was to come, with R. Goodhart hitting a very fast 66 runs not out.

The most significant point about this day's cricket was the fact that Charing Cross took 86 overs to score 165 runs and Guy's took 46 overs to score 166 runs

M. G. FORDHAM

GUY'S v. DRAGONFLIES
At H.O.P. May 24th.

Result: Draw.

Dragonflies 190 (Crafts 6—58). Guy's 55—3.

Guy's first game of the Whitsun holiday was unfortunately washed out soon after tea. It was a great shame as an interesting last hour was very likely.

Dragonflies was limited to 190, thanks mainly to accurate bowling of Crafts, Dave Silk and Dick Beacham were both playing for the visitors but in true patriotic style failed to contribute significantly.

However, Dick bowled better than he ever did for Guy's and got the home team into considerable difficulties before the rain finally curtailed things.

D.R.C.

GUY'S v. CROFTON PARK
At H.O.P. on Monday, May 26th.

Result: Lost by 8 wickets.

Guy's 89. Crofton Park 90—2.

This was a game that never, never, went right for Guy's. Having lost the toss and being inserted, the boys soon got into big trouble and due to some tight bowling, lackadaisical batting and a damp wicket 6 wickets were down by lunch. The rest fell soon after.

The total of 89 may have been small but could have been enough had it not been for the fact that the only batsman that Crofton Park admitted to having succeeded in getting a 50 to win the game virtually by himself. It is a pity he was dropped before scoring—it might then have been an interesting battle.

D.R.C.

ATHLETIC CLUB

UNITED HOSPITALS ATHLETIC CHAMPIONSHIPS.

Guy's retained the U.H. Shield for the 6th consecutive year at Motspur Park on Saturday, May 31st and also provided the winners of the 100, 220, 440 and 880 yards, 440 yards Hurdles cups. The margin of victory would have been greater had previous field events stars still been at the hospital. On the track Kevin Sommi, Barry O'Keefe and Ian Morgan were outstanding and in the field John Shutes, Howard Holliday and Peter Bundred excelled. Other good performances were produced by Mike Wink (High Jump and 440yds.), Barry Harley

(Pole vault and Hammer) and the relay team of Nwator, J. Novak, I. Morgan and K. Sommi.

After least year's complete walk-over there was a distinct challenge from the London and Westminster which underlined the point that there is no place for complacency or over-confidence.

A. FALLOWFIELD

Results:

Guy's 128.
London 90.
Westminster 77.
Bart's 22.
George's 20.

Men:
100 yds.—1, Sommi (10.4); 2, Nwator
220 yds.—1, Sommi, (23.0); 2, Price.
440 yds.—1. O'Keefe (52.9); 2, Wink.
880 yds.—1, Fallowfield (2min. 7secs.); 2, Jones.
Mile—3, Fallowfield (4min. 42secs.); 6, Smith.
1¼ miles Steeplechase—6, Jones.
110 yds. Hurdles—2, Morgan; 3, Bundred.
440 yds. Hurdles—1, Morgan 55secs.; 2, Bundred.
H.J.—2, Shutes 5′ 6″; 4, Wink.
L.J.—3, Sommi 20′ 9″; 5 Novak.
T.J.—3 Shutes 42′ 7″
Jav.— 3 Holliday 147′
Shot—3 Price 35′ 1″
Discus—6 Novak 93′ 6″
P.V.—2 Bundred 9′ 6″; 3 Hartley.
Hammer—3 Hartley 85′; 5 Holliday.
Relay—1 (44.5secs.)
Tug of war—Won over.

Women:
220 yds.—1 Dow; 2 Cormac.
L.J.—1 Dow; 3 Cormac.

SWIMMING CLUB

U.H. SWIMMING GALA

at the Shell Pool.

It is four years since Guy's won this competition, in which time they have been runners-up in every inter-hospital competition. It is also two years since the girls won their team event, the Warner cup. It was very pleasing, therefore, to see both teams carry all before them, to run out easy winners in both cases. Individually, R. Jones won 3 individual races and 2 relays for the men, and M. Thom had similar success for the girls. But the fact that Guy's won all 4 relays is a reflection of how well everybody was swimming.

Team Results:
Women. 1 Guy's, 52 pts., 2 St. Mary's, 36; 3 R. Free, 34.
Men: 1 Guy's, 58 pts., 2 London, 40; 3 Barts., 24; 3 St. Mary's, 17; 5 R. Free, 8.

Individual Results:

Women:
33m. Breaststroke—1 Bromley; 3 Kelly.
33m. Freestyle—1 Thom; 5 Langley.
33m. Backstroke—2 Hodges; 4 Kelly.
33m. Butterfly—1. Thom; 5. Kelly.
4 x 33m. Medley Relay—1 Guy's Langley, Hodges, Thom, Kelly.
4 x 33m. Freestyle—1 Guy's, Bromley, Langley, Hodges, Thom.

Men:
100m. Frestyle—1 Jones; 5 Anderson.
100m. Breaststroke—3 Howard; 5 Wright.
100m. Backstroke—2 Howell; 4, Davidson.
100m. Butterfly—I. Jones; 5 Adkins.

4 x 33m. Individual Medley—1 Jones; 3 Northcott.
4 x 33m. Medley Relay—1 Guy's, Howell, Howard, Jones, Anderson.
4 x 33m. Freestyle Relay: 1, Guy's, Yetton, Davidson, Jones, Anderson.

The evening finished with a polo game between United Hospitals and the rest of the University, in which Howell made his debut for U.H., alongside Jones, Challacombe, Northcott and Howard, rounding off a successful evening for Guy's swimming.

K.H.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

There are vacancies for two female SHO's in the Department of Medicine to work jointly for one year on two research projects (evaluation of hospital care: the effect of aspirin on post-operative thrombosis). To start as soon as possible: salary in the range £1,500—£1,700.

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from medical graduates for a post of Research Assistant to work on problems of patient monitoring. The post is particularly suitable for a person seeking experience in Cardiopuimonary Medicine and Intensive Care. Salary in the range £1,790 to £2,220 per annum according to qualifications and experience, with appointment for one year in the first instance. Applications hould be sent to the Dean as soon as possible.

GUY'S HOSPITAL

Applications are invited for the post of **Dental Officer** (General Dental Practitioner grading) to carry out the dental treatment for In-Patients in collaboration with the Dental Consultants and with attendance on six sessions per week. Duties to commence 1st October, 1969. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than **Friday, 4th July, 1969.**

PERSONAL

PREDOMINANTLY Guy's Practice at Sevenoaks, London 25 minutes, has vacancy for full or part-time assistant or associate. Architect designed premises. Remuneration by agreement. Box No. 1/6.

CHANGES OF ADDRESS

Mr. and Mrs. J. Cuthbert McNeill, 3 Ethelred Court, Dunstan Road, Old Headington, Oxford.

J. R. Dyer, Esq, L.D.S., R.C.S., 37, Victoria Road, Deal, Kent. Tel: 4224.

Dr. J. D. Ebsworth, 18, Beaumont Street, London, W.1. Tel: 01-486 3802.

Dr. R. Elsdon Dew, March House, The Avenue, Tadworth, Surrey.

P. Frank, Esq., L.D.S., 27 Fitzroy Square, London, W.1. Tel: 387 3626

Dr. and Mrs. D. J. Openshaw, 13, Sundridge, Downend, Bristol.

Dr. M. S. Vernon, 116 Oakways, Eltham, London, S.E.9.

Dr. M. Walter, 48 Carew Road, Eastbourne, Sussex. Tel: Eastbourne 33441.

ENGAGEMENT

The engagement is announced between Dr. Philip Ramage and Miss Jane Hill.

MARRIAGE

OPENSHAW—JUDE—On April 26th at Oddington Parish Church, Gloucester. David J. Openshaw. F.F.A. to Kathleen Jude, S.R.N.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2112

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Clinical Hour

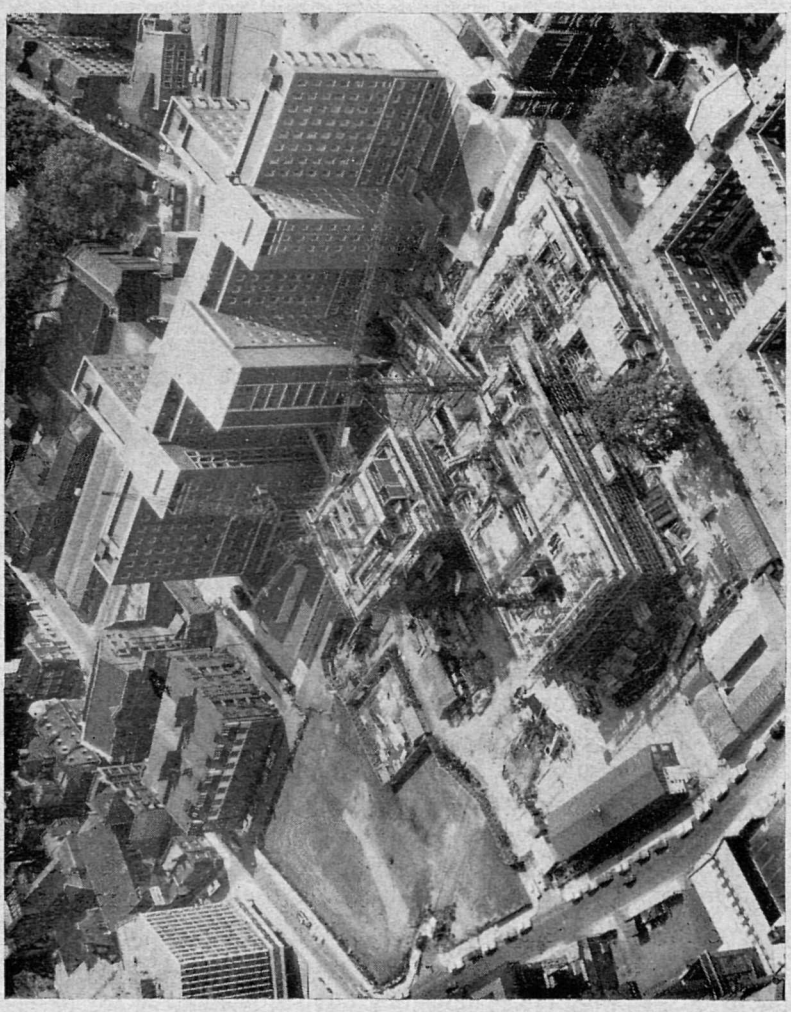
In the not-so-distant past, Guy's medical students were obliged to attend, and obliged to "sign-in" for one hundred Clinical Lectures as an authorized part of their training. However, is this Guy's tradition of lunch-time clinical lectures showing a decline in popularity? As an instrument for teaching, the lecture in itself is no longer in vogue with many of today's student generation. There is a definite preference, and greater dependence on the seminar or tutorial in which student participation may equal if not surpass the "output" of the lecturer.

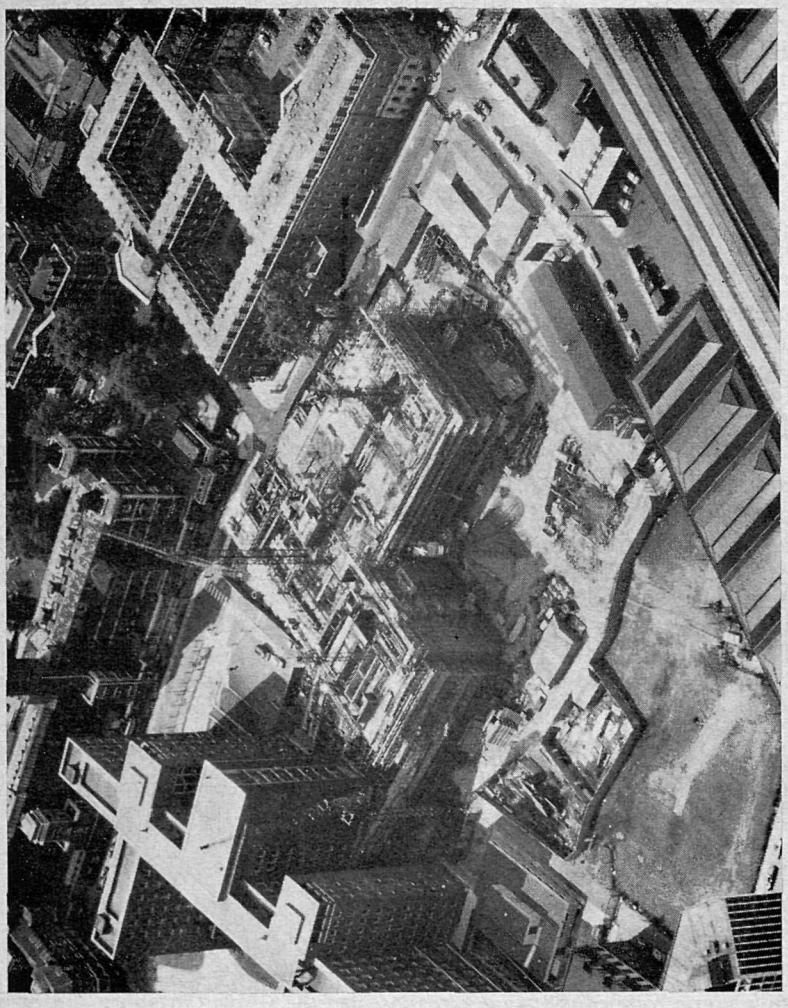
The present clinical lecture, lasting on average one hour, is unfortunately sandwiched between the morning's out-patients and the afternoon's operating list, or similar sequence. A speedy delivery of material by the lecturer and an even hastier getaway by those present is the frequent pattern, and any question or discussion is the exception rather than the rule. In keeping with other institutions of learning Guy's boasts its quota of proficient lecturers who attract an attentive and captive audience. They are also frequently renowned for their annual textbook but nevertheless informative lecture on a clinical "must". Those in less favour will view with disdain the row or rows of drooping heads, sense the restless shifting of bodies on the unyielding wooden seats of the Anatomy Theatre, and stagger at the cacophony of the swing doors indicating the periodic exit of his audience.

[*continued on page* 342

Aerial Photographs of the Tower

We are pleased to publish two views of the Tower under construction. They were taken by Aerofilms Limited, a firm of aerial photographers. They show the new building at an early stage of erection. It is planned to print further photographs showing the progress of the building over the next two years or so, until the outer shell is finished. It is hoped to thus build up a visual record of the growth of the building.





The photographs show the "L"-shaped plan of the building. The eastward limb, the communication tower, contains the lifts and all services. The northward limb contains the laboratories, offices and wards. Sparricks Row is preserved, passing between New Guy's House and the Tower with a connection between them at the level of the first and second floors. Great Maze Pond also remains between the East Wing of Guy's House and the Tower. The Tower will eventually front on to St. Thomas' Street.

The necessities of the lunch-hour, whether nutritive or restive, will always be of prime importance to we mortals. However, the activities of Guy's morbid anatomists during this sacrosanct period are a frequent attraction to many students and indeed are most instructive to those in their final year, and will often take preference to a lecture.

It must, therefore, be disconcerting for eminent visiting lecturers to be greeted by a lecture theatre less than half full, particularly if this official, but voluntary, hour is for the purpose of teaching. Perhaps it is time to look at this valuable tradition of teaching with a view to an alteration in style, timing and even a less formal and more comfortable venue.

Mr. Tom Chick

We have received the following letter from the Hon. Secretary of the Clubs' Union.

"Sir,—I am sure that most members of the Hospital will know that Mr. Tom Chick, Head Groundsman at Honor Oak Park, is at present ill. This leaves the ground without his expert guidance and work. The Clubs' Union would be grateful, therefore, if all members of the Union would co-operate in every way to ensure the smooth running of the ground and not burden the ground staff or Mrs. Chick with unnecessary or extra duties."

Meanwhile, we wish Mr. Chick a speedy recovery and a return to full powers. It is only when such men are missing that the full extent of their contribution to our well-being is really appreciated.

Scientology

No argument can be evaluated properly without due consideration of each point of view. We published last week's article in order to show something of the way that these people think. Also on the principle that given enough rope. . . .

GUY'S DIARY

JULY

8	Tu.	1.00	Clinical Lecture. Professor Sir Hedley ATKINS. "Some things that Press on the Spinal Cord."
11	F.	2.15	Combined round in Pre-Clinical Classroom.

THE VACUUM EXTRACTOR

A Summary

by

E. Bowen-Jones

The concept of assisting delivery using a suction device was first used in 1706 by Yonge, who used a cupping glass. There have been several subsequent devices of limited success which have been described by Chalmers and Fothergill (1960). In 1849 Sir James Young Simpson invented a rubber cap attached to a brass syringe. In 1890 a rubber suction pad with a solid handle was devised by MacCahey. But in 1938 Torpin described 10 successful deliveries with prolonged second stage by means of an apparatus similar to Malmström's. This was a rubber suction cup with lugs to aid rotation and a loop for traction and a vacuum pump. A metal cup was first used by Couzigon in 1947, who also coined the word "ventouse". Prolonged weight traction to augment uterine contractions was used by Koller in 1950. Finderle in 1952 described a trumpet-shaped metal cup and in 1955 reported that it had completely replaced forceps for three years, causing no complications in 132 deliveries.

Since Malmström's instrument with a hand pump, several foot-pump machines have been described (Frankenberg 1960, Chalmers 1964). Malmström and Uddenberg have devised a stirrup foot-pump apparatus. Electric pumps have been devised in several centres. Only one person is necessary to operate such a machine.

The Vacuum Extractor (V.E.) in its present form was first described by Malmström in 1954 and after modification in 1957 has been growing in popularity. It is comparatively safe and is easy to use provided the rules are kept. In many centres it has almost entirely replaced forceps (except for face and after-coming head of breech).

It consists of a flattened round metal cup, somewhat inverted at the edges, into which is sucked an artificial caput. A tube connects this to a vacuum pump and a pressure gauge. A chain running inside the first part of the tube is connected to a handle on which traction may be applied. An unscrubbed assistant operates the pump, the suction pressure applied in the cup varying from -0.6 to -0.9 kg./sq. cm. The greater the vacuum the greater the traction that may be applied. It is important not to increase the pressure too rapidly otherwise a less efficient caput will be sucked into the cup. It is best to increase the pressure by two points at a time, keeping at that pressure for two minutes, thus taking about eight minutes to

produce the caput. A greater traction pull is possible if a larger cup is used. The size of the ideal cup depends on (a) The capacity of the vagina, and (b) The dilatation of the cervix : the width of the vagina is increased in multiparae. The position and height of the foetal head should be confirmed by examination per vaginam. The V.E. should not be applied to a face or brow, and should be applied with caution to a floating head, as this is suggestive of Cephalo-Pelvic Disproportion (Moshé, *Lancet* 1963). It may be used for all other cephalic presentations (T. H. Bratt 1965). Traction should be intermittent, with each labour pain, perpendicular to the plane of the cup. Before traction, a further inspection should check that no cervix or vaginal wall are included with the caput. There is a button on the cup to which a rotation force may be applied if rotation is not spontaneous.

Indications

The V.E. may be used in the first or second stage of labour as a substitute for forceps or Caesarean section. It is an ideal instrument for use in those cases of prolonged 1st or 2nd stage of labour where there is no progress and early signs of foetal distress or the mother is becoming exhausted. Inertia is often due to fatigue caused by other factors (D.T.A., P.O.P.. or C.P.D.). The V.E. helps stimulate further contractions.

A full list of indications for its use may be seen under the following headings :—

1. Delay in 1st stage (when three or more fingers dilated) due to hypotonic uterine inertia. The V.E. pulls the head down onto the lower segment, helping to stimulate the uterine contractions, speeding dilatation.

2. The mother has a condition where early delivery is desirable or in which some assistance is essential. For example, eclampsia or severe pre-eclampsia, cardiac or respiratory disease, poliomyelitis, diabetes, accidental haemorrhage, myasthenia gravis, or a delay when there is a uterine scar, and fear of rupture.

3. Delay in 2nd stage due to malposition: with a Persistent Occipito-Posterior and Deep Transverse Arrest the head often rotates of its own accord. Manual disimpaction of the head may be necessary before rotation. Rotation may be assisted with the button.

4. In 1st stage when there are early signs of foetal distress though not sufficient to warrant a Caesarean section. Chalmers (1964) recommends the V.E. in anticipation of foetal distress before it has occurred.

5. Delay due to mild disproportion or cervical dystocia. If there is no advance of the head with moderate traction Caesarean section or forceps in 2nd stage should be used : the trial V.E. should not take too long.

6. Presentation or prolapse of cord in the 1st stage. If the cord is pushed up and aside and the head is brought down firmly, preventing further prolapse or safe-guarding against impending prolapse and bringing about a speedy delivery.

7. Type I (possibly Type II) placenta praevia. The head is firmly applied to the lower segment, minimising bleeding.

8. Brow presentation. Successive applications of the cup have been used for flexing the head (Chalmers 1964).

9. Prolapse of arm. A good rim of cervix was remaining and reduction of arm and application of V.E. onto the vertex brought about easy delivery within three to eight minutes in four cases (Nazareth Hospital 1966 personal communication). There was no further danger of the arm prolapsing again.

10. Breech. Successful use has been reported by several observers but excoriation of a buttock has been reported in one-third of the cases. This use of the V.E. for breeches is out of favour.

Advantages

1. It is simpler and safer to apply than forceps in the 2nd stage. The instrument is ideal for hospitals where skilled or experienced staff are not always available. I have heard of two applications by midwives when the patients had refused a male doctor ; both were successful. It is used commonly by midwives in Lusaka Central Hospital, Zambia.

2. Can be used before full dilatation of the cervix: this is useful when a quick delivery is required or if pains are poor. Tight application of the head to the cervix improves uterine contractions.

3. It is less traumatic to the foetus than forceps :

(a) The intracranial tension is only 1/20th of that created by forceps fitting the skull exactly (Malmström 1957).

(b) Does not damage the facial nerve.

4. There is no need for such extensive local anaesthesia or a general anaesthetic.

5. No need for such a large episiotomy or for Dührssen's incisions of the cervix.

6. Rotation is physiological in complete freedom as opposed to forceps (Bruniquel and Israel 1958 and Müller 1959).

7. Instruments can be used to assist the mother, therefore she has the satisfaction of a vaginal delivery in which she plays a part.

8. If traction becomes too strong the cup comes off: this is a safety factor.

Limitations

1. The V.E. allows prolonged moderate traction while the forceps, shorter strong traction (Chalmers 1960), therefore if there is an urgent hurry or a strong pull is required (as with C.P.D.) a forceps or Caesarean section would be safer.

2. Some people have had limited success with P.O.P. or D.T.A. when the head has to rotate. Probably more experience is required with these.

3. The V.E. may not be applied to a face.

Complications

A—To Neonate.

A "chignon" caput appears instead of a caput succedaneum which disappears within an hour except in a few in which bruising

or scalp abrasions last for a few days. About 2 per cent are left with a cephalhaematoma which disappears over several months. Scalp necrosis has been described. Chalmers (1964) attributed one such case to two periods of application of 40 minutes each. (See also Malmström 1954 and Antoine 1959.) Some babies (3 per cent in Chalmers' series) were noted to have cerebral signs. All the "cerebral" babies in Chalmers' series were mild and quickly settled down. Retinal haemorrhage was found to be considerably more frequent after vacuum extraction than after spontaneous delivery or forceps.

Foetal Deaths

In 1,260 vacuum extractions documented by four separate authors (Chalmers, Snoek, Smedley, Moshé Lancet), 42 perinatal deaths occurred. Many of these were stillbirths or deaths due to prematurity or congenital anomalies. In 11 cases the vacuum extractor was possibly but not necessarily the cause of death. Six had intra-cranial haemorrhage, three had tears of the tentorium cerebelli, and of the other three, two had had forceps previously.

However, Chalmers, in 1965, accounts the fall in perinatal mortality in his unit to the use of the V.E.

B—Mother.

An episiotomy for most European women especially primigravidae is necessary, but not invariably as with forceps. The size of episiotomy or nature and rate of lacerations occurring with the V.E. is less severe than when forceps are used (Moshé Lancet 1963).

The *cervix* is occasionally lacerated if the V.E. is applied before full cervical dilation. This can be avoided by (1) not pulling too hard, and (2) pulling with the contractions. Continuous traction by weights over many hours is no longer favoured (Chalmers 1964).

Since secondary uterine inertia sometimes causes the need for the V.E. the operator should be prepared for a P.P.H. or manual removal which may follow uterine inertia. The incidence of both was significantly raised after V.E. extractions in a survey I did at the Nazareth Hospital.

Tears of the vaginal wall can occasionally occur if the latter gets caught in the suction cup. This can be avoided by careful checking that none is caught before pulling.

Conclusions

The V.E. is a safe instrument and easy to use. It is unfortunate that the apparatus has been accepted only with strong reservations by many units in this country. It was prophesied by Lobban in 1955 that the instrument would receive "a more conservative reception in Britain than elsewhere".

There are many deliveries which cannot be achieved by V.E. and for which forceps are necessary : also many centres do not possess a V.E. For these reasons forceps should be retained for training junior staff (Chalmers 1964).

Its use with a prolapsed cord is often unsuccesful as application of a cup with the cord in the way is difficult. It is best to proceed to immediate caesarean section if this is possible.

In cases of stage I placenta praevia, patients with cardiac disease and mild foetal distress before full dilatation, the V.E. alone can save the necessity and hazards of a caesarean section.

Women who have had both prefer the V.E. to forceps. Chalmers (1965) accounts the fall in perinatal mortality partly to the use of the V.E. The instrument is not without its weaknesses but overall it is one of the most important advances in obstetrics since the war .

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Will Medical Students join the Militants?

by

Dr. B. Evans

In these turbulent days stolid physicians and surgeons, good men and true, still sleep peacefully abed. Are their dreams disturbed by the fear of student unrest? Do they ever wonder if the day is near when some ward or casualty clerk will turn and say: "Fix it/him/her up yourself. I'm off to the Free University"? (Free for Freedom.)

These brave words have not so far been heard in our medical schools. Strikes, sit-downs, lock-outs are not the sort of luxuries which medical students permit themselves, and engineering students have been similarly restrained. Berkeley, Paris, Tokyo, Guildford, and the LSE yes, but we scientists know where we are going, don't we? Well some of us do, those who have a purpose in life or at least an assured future. Assured? Of course it depends who signs us up. Off with their heads? . . . Well presently, but by then it may be *our* heads, so back to work. Our job is to heal the sick and save mankind. No strikes then, no sit-downs, and no lock-outs, but don't let the seniors delude themselves that medical students are not beset by the eternal anxieties of youth.

Students have never before faced the formidable problems which the present generation has inherited—population explosion, genetic manipulation, organ transplantation, biological warfare, euthanasia—let alone the nuclear threat, which Nobel Prizewinner George Wald, Professor of Biology at Harvard believes has caused youth (and himself) to doubt whether it even has a future. Of course medical students share these anxieties, and in their longer course see more of life, its griefs and stresses.

And since medical students today belong to a generation born with a question mark on the lips, it is not surprising that like the others they are now questioning the authoritarianism of their seniors. Their worries are the more acute because they can do relatively little for their colleagues in distress. They are given virtually no responsibility during their training, and have little means of satisfying the social conscience which many carry around like a hair shirt. Looking at medical education they see a void in the teaching of social science and community medicine which leaves them untrained to help those members of their generation afflicted with the social disorders of this century, and feel impotent to affect the scourges of drug addiction, violence, and lawlessness.

The proposed increase in the numbers of medical students by a third in 1975 will itself bring worries in its train. One of the principal topics discussed at the symposium on Education for Medicine which Birmingham medical students organized was the proposed enlargement of that medical school. As numbers increased it was feared that communications would suffer, with further impairment of staff/student relations.

It was not the medical students at Birmingham who broke open the Vice Chancellor's personal files in the student disturbances there last autumn, but they have been under pressure from students in other faculties to act in concert and not to remain aloof. This force has to be recognized in a world of conflicting loyalties. The student body in British universities has doubled in size in the past seven years, but medicine has only provided a 20 per cent expansion in student numbers. The swelling volume of arts, law, and social science students with their growing militancy accuse the medical students of dragging their feet. But, as a Birmingham student put it: "The French rioted because they had never laid a hand on a patient."

Both in Western Europe and in the United States medical students have dissociated themselves from forms of violence. In Saigon, while law students were burning effigies of French schools and institutions in a surge of nationalism, the medical students simply absented themselves for six weeks from all forms of teaching in a protest against the removal of the dean by the prime minister's office. It was a successful strike against political tyranny, and achieved its end by peaceful means.

If the sad day arrives when medical students decide to riot we may be sure it will not be in the last pre-clinical or the final hospital year. Before 2nd MB and Finals, as well as during the pre-registration year, authoritarian teaching becomes acceptable. At other stages today's students do not appear overburdened by the weight of their studies, and some have admitted to boredom. They have time to sit on as many committees as will offer a place, and this trend is continuing.

The moving spirits have shown themselves primarily interested in the medical curriculum, but there are other problems in the medical schools on which the student views should be heard. Student/staff participation is now fashionable and of growing importance, but is not always easy to achieve. The dean of one London medical school, who has for some time encouraged greater student/staff participation, admits that he has had difficulty in stimulating student representatives to organize the agreed termly meeting with members of the staff. At times it has also been hard to keep the junior members of the staff in touch with the students.

Students have always kept a fairly sharp eye on the performance of their teachers and Guy's has been among the first to recognize that the views of students could usefully be examined. The paediatric firms have for some years been asked for their signed comments at the end of their three months in the department. Replies to a questionnaire show which subjects are considered either a waste of time or

are undertaught. The majority of Guy's clerks are more appreciative of registrars' rounds than of consultants', and one student offered the suggestion that a registrar could profitably replace one particular consultant whose rounds were, he considered, a waste of time.

The time spent on "business" by consultants was also criticized, business meaning consultation with ward sisters, housemen, or registrars. One consultant has changed his tactics and now does his "business" without students, though this could be instructive even if time consuming.

Time is evidently more important to students than the older teachers seem to realize. Many of the Guy's clerks say that they cannot concentrate for longer than one hour, and that they would like shorter rounds, and to be allowed to sit down during them. They hate unpunctuality ("Surely if we can get to the wards on time it is not too much to expect the consultants and registrars to do the same") and waffling ("Dr. X doesn't plan his rounds, but talks about what ever crops up"). Almost all say the size of the firms is too big.

Useful as such comments may be, those who complain may not be any better teachers themselves. At the Birmingham symposium a surgeon stood up towards the end of the discussion and said: "Well, let's hear how *you'd* teach a bunch of medical students. Go on. It's 9.15 and they're all yours. What are you going to do with them?"

He addressed himself to a young political scientist fresh from Berkeley who had described his late university as the home of computerized teaching with a factory outlook, but also the seat of one of the Free Universities. The young man shook back the mop of dark hair which fell over the collar of his fawn suit with a CND button on the lapel. His sensitive face with the scar of a repaired cleft lip looked surprised.

"Why," he said after a pause, "First I'd find out whether they really wanted to be there at 9.15 in the morning, and then what they wanted to learn. My students and I would hammer away at it until we had worked out the problem." The group would have to be small enough to establish a proper student/teacher relationship, and the class would then become a learning community within the Free University. Teachers would be replaced by organizers, and seniority would count less than contribution, since hierarchy was only necessary when over 50 students were being taught at once. In the Free Universities, populated "by everything except the Establishment", flower children, hippies, and even housewives would take part in student-initiated, counter-curriculum courses.

A physiologist, older, leaner and shorter-haired, knew it could be done with the Arts and the Humanities, but was Medicine too concrete and technological a subject to be taught this way? He thought not, provided teacher and taught wanted an answer on equal terms. Students who sat blankly before a teacher crying "Teach me" were depressing, but several weeks later, when each side was at grips with the other, results began to show.

The conference came alive at this point, but for all the good intentions teacher and taught had not really faced one another on equal terms. Though the student chairman had kept it going with easy good temper, he failed to keep a doctor, a professor of surgery, and a dean within the time limit. Only the political scientist and sociologist had kept within the advertised schedule and the discussion was thus shortened.

In this discussion one student ventured the suggestion that the *status quo* might be all right. "What's wrong?" he asked with a charming smile. "We've got to have teachers." No one replied to this simple, courageous statement.

CORRESPONDENCE

Occupational Therapy

SIR,—I was astonished to read in the *Gazette* (Miss Rayner, June 21st) that Occupational Therapy was not available in the Medical and Surgical wards at Guy's.

It is strange to overlook a simple, essential and elementary treatment in the clamour for high power technical methods. The latter may assist the diagnosis, but a patient with Diversional Therapy is more content to face each day: the creative interest engendered by Occupational Therapy in the not too ill and the convalescent patient has proved of immense value in diverting the patients's natural anxiety and introspection during hospitalisation, and with expert selection and guidance is also an important step in rehabilitaton.

Yours, etc.,

DR. DAVID ERSKINE.

Dreadnought Seamen's Hosptal,
Greenwich, London, S.E.10.

Wheelchair Access

SIR,—Some little while ago you had information in the *Gazette* about plans to build a new theatre and swimming pool at Guy's, and I am writing to ask whether representation can be made to the architects that both these buildings should be made accessible to someone in a wheel chair.

Yours, etc.,

PATRICIA CORBY,
Medical Social Worker.

Department of Medical Social Work.
Guy's Hospital, S.E.1.

Scientology

SIR,—I was surprised to read in your *Gazette* of June 21st, under the heading of psycho-somatic disorders, an article by Dr. Steve Jarvis, extolling the virtues of dianetics and scientology, without there being some comment as to the editorial stand on the subject, which you must admit has led to considerable controversy over the past years.

If Mr. Ron Hubbard's work is valid and scientific and can be compared to that of Louis Pasteur, then I feel Dr. Jarvis should have given us some references to the scientific research that has been going on for so many years. As someone who is opposed to dianetics, I suppose I must be considered an obscurantist by Dr. Jarvis' definition, but if I were to search back through all my *Gazettes*, I don't think I would find a more obscure sentence than the following "aberations under which is included all deranged or irrrational behaviour are caused by engrams. They are stimulus-response pro and contra-survival", a quote from Mr. Ron Hubbard's book on The Modern Science of Mental Health.

Please may we have some comment from the Editors, and perhaps from the psychiatric department at Guy's, in the next *Gazette*.

Yours, etc.,

A. J. MEMBREY.

The Surgery,
Kingswood Road,
Tunbridge Wells, Kent.

[See Passim, Guy's *Gazette*, Sept. 14th, 1968. Eds.]

SIR,—You publish an article by Dr. Steve Jarvis (*Gazette*, 21st June), covering over five sides of printed page. Psychosomatic disease, it says, can be prevented by qualified doctors, simply by running engrams on their patients. The method for doing this was discovered nineteen years ago by L. Ron Hubbard. "The engram is a moment of 'unconsciousness' containing physical pain or painful emotion and all perceptions, and is not available to the analytical mind as experience." Reference is made to two books by Hubbard. No other relevant information is given.

The only justification for the publication of this piece must be another one by Dr. Jarvis indicating: (1) what evidence there is for the existence of engrams; and (2) what is the simple technique with which doctors can cast them out of their patients.

Yours, etc.,

SEBASTIAN KRAEMER.

18a, Parkhill Road,
London.

Alfa plus, plus

SIR,—No doubt Harry Scott's Motoring Articles are intended to guide us in the perilous matter of choice of car. I have owned an Alfa Sprint G.T. for 70,000 miles, and have done all my own maintenance. May I warn all who may be seduced by this delightful car that the prices of spare parts are outrageous, and their availability often doubtful. They are usually in stock at Edgware, but getting them through "the normal channels" is another matter!

You may rest assured of some wonderful motoring, but you can expect it to be a most expensive car to maintain!

Yours, etc.,

PETER D. DAW.

329, St. Margaret's Road,
East Twickenham,
Middlesex.

OBITUARY

Charles Wood

Charles Edward Riddiough Wood was born at Bolton in 1907. He was educated at Repton School, Pembroke College, Cambridge, and Guy's Hospital. He qualified M.R.C.S., L.R.C.P., London, in 1931 and subsequently M.B., B.Chir.Camb. He held house appointments at Guy's, including H.P., R.O., and R.M.O. to Bright Ward, where the private patients were then housed before Nuffield House was built. He had a great love of Guy's and often returned to see old friends. In particular, the late Sir John Conybeare was a life-long friend.

In 1935 he joined me in practice at Newbury, and from then until 1941 we worked together as partners and these were years of association and friendship which we both valued inestimably. In 1941 he was called up and joined the R.A.F. He served as Medical Specialist on the Central Medical Board in London and later at Wroughton Hospital, where he gained considerable medical experience so that when he returned to General Practice at the end of the war he was an invaluable member of the partnership, which had now increased to four.

He was an excellent anaesthetist and served in this capacity on the staff of Newbury General Hospital from 1935 until his retirement in 1968.

During his last years he was severely crippled with intermittent claudication affecting both his legs. This he bore most bravely and uncomplainingly. He died suddenly of a coronary occlusion on June 15th, 1969.

It is as difficult to describe Charles Wood as it is to describe General Practice—his chosen and loved profession. He was an intensely human and understanding person of great integrity, and his usual amusing and somewhat frivolous manner of speech concealed a deeply sympathetic, kind, and indeed sentimental character with warm attachments and loyalties to his friends and patients. His medical knowledge was wide and he was a wonderful partner to have worked with. Emergencies always brought out the best in him and he was then a tower of strength to his colleagues and a source of confidence and reassurance to his patients. There can have been few better G.Ps. This was the profession he loved and there can be no doubt that if he were to have his life over again he would choose to be a General Practitioner.

He was a devoted husband and father, and we send our deepest sympathy to his wife, his son and his daughter.

T. G. Scott.

NOTICES

Guy's Missionary Fund

By June 25th, the money collected for Guy's missionaries overseas had amounted to £560.

Of this sum, £515 has already been sent to Guy's trained missionaries to support their medical work.

Below is a resumé of how the money is being spent, with a few short extracts from letters received from some of the missionaries, in acknowledgement of their gift.

Dr. Lea in Uganda: £100—for purchasing a motor-cycle for his leprosy assistants to reach their patients.

"Your most generous gift has just arrived. . . . There are about 3,000 people in Acholi still not under treatment (for leprosy). To put our leprosy Staff on motorised transport seems the only answer, so that they may open new small clinics."

Dr. Lewis in Ethiopia: £100—towards the cost of building and equipping a new medical clinic which he is establishing.

"Thank you all very much for the cheque for £100. . . . I understand it is from the hospital as a whole and am very grateful for this unexpectedly large gift. . . . The medical needs are enormous. In this province which is the size of half to threequarters of England, there is but one hospital. We get over 100 out-patients a day."

Dr. Hart in India : £50—for an electric sucker for his operating theatre.

"We are serving a very large tribal area where the people are very poor, and are often carried many miles to hospital on an upturned camp bed. To refer such patients to a larger hospital over a hundred miles away is quite impracticable so it is important that we should be able to do as full a range of surgery as possible. The gift from Guy's Hospital will greatly help in this. Perhaps I should mention that it would have been quite out of the question to pay for such new equipment out of our General Funds."

Margaret Miller in Uganda : £75—to help in the Cancer Research being carried out.

"We are greatly encouraged to receive your generous gift of £75. . . . We very deeply appreciate your interest in the work amongst these sufferers from cancer. . . ."

Pat Helinct in South America (Chile): £50—to help supply a reliable generator and water pump for her small hospital.

Anne Bent in Biafra : £30—for a Halothane vaporiser. Anne was the matron of a hospital in Biafra and has just returned there after a short leave in this country.

"Very many thanks for your cheque for £30. It will be a great help towards the Halothane vaporiser which we need badly. . . ."

Elspeth Crofts in Formosa : £25 for two cots for the children's ward.

"We are very grateful for the cheque and even more, perhaps, for the interest and concern which lie behind it. Thank you very much for your assistance of our work out here."

Barbara Newman in South America : £25—towards the cost of medical supplies. She is in a team which are trying to make the first sustained peaceful contact with a tribe of South American Indians.

Maureen New in Ruanda : £25—for the building of two linen rooms for the hospital.

That is how the money has been spent so far, and there are many more Guy's missionaries with similar needs.

The organisers would like to thank again all those, from all parts of the hospital, who have given so generously towards the fund.

Any donations should be addressed to : The Missionary Secretary, Guy's Missionary Fund, East Wing.

Students' Club Council

A meeting of the Students' Club Council was held on Friday, 20th June. The following points arose and may be of interest to members of the Club.

1. Lunch-time opening of the Bar.

In view of the success of the experimental opening this month, it was decided that from October the Bar shall be open at lunch-time on Wednesday, Friday and Saturday each week.

2. Alterations to the Cafeteria.

The alterations will be started during the Summer Vacation, but will not be finished until November. This means that delay in serving is likely. As the main congestion occurs between noon and 1 p.m., as many students as possible, especially those in the pre-clinical years, are urged to go to lunch after this time.

3. Public Address System.

Several estimates have been received for the installation of such a system in the East Wing, but, in view of the dissention or lack of interest shown by most students, the idea has been dropped.

4. A new Gestetner duplicating machine is to be purchased for the Students' Club Office. This will be much more versatile and reliable than the present machine. Club Secretaries should ask the Officers of the Club for further details.

5. Complaints have been made again that newspapers are still disappearing from the Reading Room before most students have had time to read them. It is up to individual club members to stop this from happening.

NURSING SECTION

Sister E. Marvin

On June 2nd, 1969, Sister Marvin retired after over 17 years as Sister in the Nurses' Health Service. It was in 1941 that Sister Marvin entered Guy's War Emergency Staff, having been a Staff Nurse at the Guy's Unit, Orpington Hospital. She was a trainee of Ashford Hospital, Kent, the York Clinic and Bexley Hospital. Following two years as Home Sister at Orpington and three-and-a-half years as Night Sister at Wilderness, Sister Marvin worked for two years in the York Clinic and then spent a further three-and-a-half years at Orpington. After this diverse experience she was appointed, in January 1952, to the Nurses' Health Service.

How often when one was returning along St. Thomas' Street late at night or about to enter the portals of the Hospital, did one bump into the diminutive figure of Sister Marvin wending her way to "No. 8". Such was the measure of her devotion that she never spared herself for the sake of a sick nurse or Sister, however late the hour. Many generations of nurses will be grateful for her care and attention when they were ill and recall the meticulous and thoughtful detail which signified her work. For recent generations of nurses, who were not familiar with Sister Marvin's nursing skills, they will at least remember her as the "star" of the 1968 Residents' Play, Tse Wen: to have been one of the "chosen" in this case surely underlines the affection in which she was held.

An era has now ended with her departure from the Nurses' Sick Room and Health Service : time and trends will probably change—as they do everywhere—the pattern of student health care from that under which Sister Marvin strove to maintain the Service, particularly in the latter days of her time at Guy's. We all wish her a happy and full retirement—one which she so well deserves.

APPOINTMENTS

Miss M. R. Ewe's, Night Sister, Surgical Block, 1.7.69.

Miss I. McCrea, Clinical Administrator, Intensive Care and Dialysis Units, 1.7.69.

Miss E. A. Mumford, Sister, Wilks Ward, 1.7.69.

Miss H. Preinfalk, Relief Sister, Medical and Surgical Intensive Care Wards, 2.6.69.

Miss C. M. Thomas, Sister, Intensive Care Unit, 1.7.69.

Miss A. M. Williams, Sister, Theatres, 1.6.69.

Miss E. J. Cocks, Charge Nurse, Night Duty, Medical Wards, 19.7.69.

DEPARTURES

Miss M. Day, Deputy Matron, 21.6.69.

Miss J. Brown, Sister, Evelina Hospital, 11.7.69

SPORT

Last Saturday, 21st June, saw this year's annual Athletic Club Sports Day. The President of the club, Mr. J. S. Tomkinson, the Vice-President, Mr. E. Morris and Mr. A. Winskill, were present. The prize-giving was most informally conducted by Mrs. Winskill.

Unlike many of the preceding years, Sports Day had no deluge of rain. However, luck did not hold out, as there was much delay at the start due to failure of the public address system.

Many of the athletic events had been held before on Wednesday afternoon. There was left, however, sufficient events to indicate the strength of this year's athletic club. K. Sommi gave a powerful demonstration of university standard sprinting in the 100 and 220 yards races. In this his first year at athletics, he has won the United Hospitals' Sprinting Championship. The "Victor Ludorum" was won this year by R. Blackwood, who competed in the field events. His result adds great prestige to the concept of intensive training, as he was a first team rugby player all last season. Both Sommi and Blackwood decided to *Have-a-Go* this year; it is a shame others do not follow their example.

There was a good response to the ward relay this year, eight teams having entered. Mr. Tomkinson adjudicated. It is perhaps appropriate that Evelyn Ward won the coveted trophy.

* * *

F. NWATOR

This year sees also the retirement of one of Guy's greatest athletes from active competition. F. Nwator has been an active and an extremely successful member of the athletic club. There are few who could equal his record in University athletics. It is with great sadness and regret that the athletic club received the news of his retirement.

* * *

THE STRENGTH OF THE SWIMMING CLUB

This year's Swimming Club A.G.M. heard how the club has been going from strength to strength this last season. Their total number of swimmers has increased and they have more water polo teams. What is particularly pleasing is the recruitment of large numbers of junior medical students.

T.W.H.

* * *

ATHLETIC CLUB

SPORTS DAY RESULTS.

Held at Honor Oak Park, Saturday, 21st June, 1969.

Field Events—

Javelin: R. Blackwood 1st, J. Shutes 2nd.
Discus: R. Blackwood 1st, G. Voss 2nd.
Triple Jump: R. Blackwood 1st, I. Morgan 2nd.
Long Jump: J. Shutes 1st, R. Blackwood 2nd.

Track Events—

1 Mile: B. Smith 1st, B. Jones 2nd.
2 Miles: B. Smith 1st, B. Jones 2nd.
880 Yds.: A. Fallowfield 1st; B. Jones, 2nd.
220 Yds.: K. Sommi 1st, B. O'Keefe 2nd.
440 Yds.: K. Sommi 1st, B. O'Keefe 2nd.
100 Yds.: K. Sommi 1st, I. Morgan 2nd.
120 Yds. Hurdles: P. Bundred 1st; I. Morgan 2nd.
Ladies' 100 Yds.: J. Hill 1st.

Ward Relay—

Evelyn 1st.

The Shot and High Jump will be held later.

SWIMMING CLUB A.G.M.

The following officers were elected at the A.G.M. on June 17th, to take effect from September 1st :—

Captain: G. Northcott; Ladies' Captain: M. Thom; Vice-Captain: R.

Jones; Hon. Secretary: M. Adkins; Hon. Treasurer: B. Wright; P.R.O.: D. Davidson.

Mr. A. Yates was elected as a vice-president.

Water Polo v. City University.

After the tension of the season's more serious fixtures, Guy's started this game in a relaxed mood, and were only ahead at half-time by virtue of greater ability to capitalise on chances. The last two quarters saw an increase in effort, and the final score of 11—5 was a better reflection of the team's overall superiority.

Team: K. Howard, S. Challacombe, R. Jones, G. Northcott, D. Davidson, C. Bevis, B. Wright, M. Forbes.

Water Polo v. O.M.W.

This game was of a lower standard than most first team games and it enabled the established players present to enjoy changes of position, whilst providing an opportunity to give several junior players their first games at this higher level. Only Northcott was present of the usual attack, and it was left to such infrequent scorers as Foulds and Clarke to add to his goals. The team was seldom outplayed by an obviously more cohesive unit, and the final score of 11—5 against was respectably low considering the game was twice as long as normal.

Team: K. Howard, D. Foulds, D. Davidson, G. Northcott, C. Bevis, R. Lovell, M. Forbes, J. Clarke.

I should also like to congratulate the author of the report on the Junior cricket cup semi-final (Guy's *Gazette*, June 21st) on avoiding his duck by the slenderest of margins !

K.H.

CRICKET

2nd XI
GUY'S v. BETHLEM HOSPITAL

At Bethlem's Sports Ground, Sunday, 22nd June.

As might have been expected, an 11.0 a.m. start on Sunday proved somewhat optimistic, and at 12 o'clock seven Guy's players took to the field. The remaining players arrived in time for dinner. As a result of this, full advantage of a lively dry wicket could not be made, and in spite of good bowling by D. Barford, Bethlem Hospital were comfortably placed at 30 for 2 when lunch was taken.

Following an excellent meal, the full team finally took to the field, but only for a short time, as players found they were required to leave the field as a result of a too liberal intake of fluid refreshment during the lunch break. This led to an inevitable slowing of the pace of the game. However, Guy's gave an impressive display of fine fielding and accurate bowling, Barford with 4 for 57, giving the best performance. Bethlem now declared at 194 for 7.

Guy's set to make 195 runs in 2½ hours started well and, despite the early loss of White, reached 46 in 25 minutes before the interval at tea. Shortly after tea Skinner was out l.b.w. having scored 24, taking Guy's up to 51 for 2. Bethlem's medium-paced bowler, P. Combes, proved too much for Guy's middle order batsmen and his 6 for 56 included a superb hat-trick, reducing Guy's to a dismal 76 for 8. At this point Perl joined Holland, they were able to score 50 runs in 25 minutes before Perl was disastrously run out. He had been able to score 24 runs in even time. Morgan also was run out, leaving Guy's to close their innings at 134 runs, in which Holland batted brilliantly, getting 70 not out.

R.D.H.

1st XI
GUY'S v. TEDDINGTON

At Teddington, Saturday, 14th June.

Result: Drawn. Teddington 126 (Crafts 4—27), Guy's 110—7.

For some reason this annual fixture now always seems to produce a particularly drab and lifeless game. This year, one felt, the blame could be laid heavily at Teddington's feet for a very slow, unexciting batting performance on a good wicket. Their agony was prolonged until 5.10, and a prolonged tea interval and a slow over rate conspired to make Guy's task more and more difficult. The side's batting was, at the same time, thoughtless and never in command of the situation.

The difference of 16 overs between the two innings somewhat reflected Guy's superiority in this poor game.

D.R.C.

1st XI

GUY'S v. PARK, EALING

At H.O.P., Sunday, 15th June.

Result: Lost. Guy's 183—5 dec. (Clark 116 not out, Crafts 36); Park, Ealing 185—6 (Clark 4—51).

In complete contrast to the previous day, much to the pleasure of our rather disconsolate umpire, a truly wonderful game of cricket evolved after a disturbing start of 57—4 by Guy's on a perfect wicket.

This was truly Bob Clark's day. Although his feat went unnoticed by the National dailies, his great inning of 116 not out was a sheer delight to witness. With a resolute, if unnatural, self-discipline he gradually took the bowling apart, and, with the able support of David Crafts (36) at the other end, amassed a healthy declaration total of 183.

Park, Ealing, chased the runs from the start and, until Bob Clark came on to bowl, looked set for an easy victory. However, it was not until Vanburn Holder's newly inherited brother blitzed the bowling attack in the last half hour that Park, Ealing, clinched the game.

D.R.C.

GOLF

GUY'S v. THE PRESIDENT'S TEAM

The Guy's team ventured forth to Tandridge once again for the annual match against a team raised by the President of the Golf Club, Dr. K. S. Maclean.

The tradition is that if the President's team loses then the President resigns from office. With Guy's fielding one of their strongest teams for many years there seemed to be a real chance of this occurring.

These thoughts were soon dispelled when Guy's lost all three of the morning foursomes. Dai Davis and "Bunkey" Rowley-Jones had a close match against Dr. Cockerill and Dr. Nimmo, but just failed to halve the match on the last green.

Neil Davies and David Elliott were always down against Mr. Brain and Dr. Tetlow and finished two down.

The largest win was left to Professor Cohen and Dr. Maclean, who showed no mercy in crushing Edbrook and Mackenzie. Needless to say, the President was in a good mood at lunch. Lunch was long and liquid. The normal "book" was opened and various odds were offered. The Guy's captain showed great confidence in his team, accepting odds of 33—1 on his side winning: his confidence diminished as the blood alcohol of his team increased.

The afternon singles were shared three each. Dai Davis played against another former London University Champion, Dr. Cockerill, whose finishing burst of four birdies in five holes was good enough to beat most people. Dai Rowley-Jones had another close game against Dr. Nimmo, but finally went down on the last hole. Neil Davies and David Elliott had good wins over Dr. Tetlow and Mr. Brain respectively, and actually played good golf in the process. James Mackenzie gained revenge on Professor Cohen in a close game.

Dr. Maclean had a slow start after lunch and found himself one down after six holes, but in great style he dropped only four shots in winning the next eight holes. He won by the widest margin in the morning and in the afternoon and remains President for a further year.

The teams departed to Dr. Maclean's house, where both teams were magnificently entertained. Our thanks go to Dr. and Mrs. Maclean for their excellent hospitality.

J.M.

Guy's Hospital Boat Club

The A.G.M. of the Guy's Hospital Boat Club was held on Wednesday, 4th June. Mr. J. W. Mansie was in the Chair. Officers elected for the 1969/70 season were :—

President: Mr. J. W. Mansie, F.D.S.; Captain: P. R. Hunt; Secretary: M. J. Gleeson.

The Club will be celebrating its 125th anniversary next year, and it is hoped that all former members will be able to attend a dinner to be held at the Hyde Park Hotel on 13th December. As all the old minute books have been lost we would invite all those wishing to attend the dinner or to receive the planned celebration handbook, to write to the Club. If anybody has any pictures of former crews, we would be most grateful if they would lend them to us for reproduction in the handbook. We should also appreciate any accounts of memorable occasions that should be recorded in the book. We shall attempt to get in touch with all old members whose names are recorded in old "Gazettes". Other events of this anniversary year will be announced as soon as possible.

P. R. Hunt, Captain.

RUGBY

Conclusion to Captain's Report

The Second Fifteen won the Hospitals' Junior Cup. Here Laurence Turner and Ian Baker must be congratulated. The manner in which they won the final game was an example of how forwards should win second phase play. Their rucking was superb, and I think Ian Baker must be given every credit for his coaching of the second team all season.

Lastly I turn to the Junior sides because there is no doubt that there has been semi-chaos and discontent amongst the members of all junior teams. I have left this subject to the last, not because I think it is unimportant, but because of its importance. An attempt to run the whole club on a competitive basis with emphasis on training attendance has not worked. Beside this factor there was disorganisation in the junior teams because the captains were not elected until October, i.e., after the arrival of the new members. At the recent A.G.M., all the team captains were eleected. This should give them time to organise themselves and their sides at the beginning of the season. It is also intended to give them more control over the organisation and selection of their sides.

It is proposed that the first three sides, which will be the 1st, "A" and a newly-formed Colts XV, shall be competitive. The remaining sides shall all then be called the Extra "A's" or any names they choose to call themselves. A circular will be sent to all freshers before the term begins, allowing them to indicate whether they wish to play competitive or social rugby. In this way it is hoped to reduce the number who will be considered for serious rugby, and prevent players being overlooked during the trials.

Since 1966 there has been a gradual decline in the number of junior teams put out each Saturday. Then we ran nine teams each Saturday, but now we can only just field six sides. There is no doubt that the intake over the last two to three years have been less interested in team sports. This is why it is important that we do not lose players that we do have at the junior team level, to other clubs, as a result of the poor organisation and bad team selection of the lower teams. Tim Higenbottam, as junior team secretary for the second part of last season, has worked extremely hard and has been ably assisted by M. J. Hawkins. I cannot stress how important it is that all the newly-elected captains should assist the junior team secretary in every possible way next year.

We are a first-class club, with a first-class fixture list, so it is important that the organisation should be watertight. A proposal has therefore been made that we form a committee to meet at least once a month to discuss policy and iron out difficulties that have newly arisen.

As the season ends we must thank our President, Mr. J. S. Batchelor, our team coach, Dr. H. Burry, and Dr. G. M. Preston, who has been both fixture secretary and organiser of the 125th anniversary celebrations. Graham Hey and Chris Rowland have been Secretary and junior team secretary respectively, and we thank them for their work.

It remains finally to hand over the captaincy of the club to my successor, John Ross, and to wish him all good luck in the coming season.

John Davies.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the appointment of **Lecturer** with attendance on six sessions per week in the Department of Conservative Dental Surgery with duties commencing on 1st October, 1969. Salary within the full-time range of £1,885 to £3,045 with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Tuesday, 15th July, 1969.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS
1st September, 1969

Applications are invited for the following house appointments due to begin on 1st September, 1969. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, Superintendent's Office not later than **25th July, 1969.**

1. The following house appointments will be for six months and will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment:—

House Physicians 4
House Surgeons 3
Throat and Ear House Surgeon 1
Orthopaedic House Surgeon 1
Gynaecological House Surgeon 1
House Physician to the Radiotherapy Department 1

2. The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's:—

House Physician 1
House Surgeon 1

3. The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere:—

Children's House Physician 1

4. The following post-registration and S.H.O. appointments will be for six months:—

Resident Obstetrician (post-registration) .. 1
Casualty Officers (S.H.O.) 3
Senior House Officer to Nuffield House (S.H.O.) 1
Resident Anaesthetists (S.H.O.) 2
Neurological House Physician (post-registration) 1
Dermatological House Physician (post-registration) 1
House Physician in Child Physchiatry (post-registration) 1
House Surgeon to the Thoracic Unit (S.H.O.) 1
House Physicians in the Department of Psychological Medicine (S.H.O. to commence 1.10.69) .. 2

5. **EVELINA HOSPITAL**
Children's House Physician (post-registration to commence 1.10.69) 1

6. **ST. OLAVE'S HOSPITAL**
House Physician (pre-registration) .. 1
Preference given to second six months' candidate
Gynaecological House Surgeon (S.H.O.) 1
House Physician in Psychological Medicine (S.H.O.) 1

7. **NEW CROSS HOSPITAL**
House Physician in General Medicine and Geriatrics (pre-registration) 1
Preference given to second six months' candidate.
Orthopaedic House Surgeon (pre-registration) 1
Preference given to second six months' candidate.

8. **OUTER HOSPITALS**

Preference will be given to second six months' candidates for the following posts, but first six months' candidate may apply:—

BECKENHAM HOSPITAL
House Physician (pre-registration) .. 1
House Surgeon (pre-registration) .. 1

HITHER GREEN HOSPITAL
House Physician in General Medicine and Infectious Diseases. (pre-registration) 1

LEWISHAM HOSPITAL
House Surgeon to Mr. Le Brun (pre-registration) 1
House Surgeon to Mr. Cavendish (pre-registration, locum from mid August) 1
House Physician to Dr. Llewellyn-Smith (pre-registration) 1

MILLER GENERAL HOSPITAL
House Physician (General Medicine and other specialties) (pre-registration) 1
House Surgeon (General Surgery and Urology to Mr. Candy Mr. Williams and Mr. Park) (pre-registration) 1
Senior House Officer in General Medicine and Paediatrics (S.H.O.) 1

ORPINGTON HOSPITAL
House Surgeon with Ophthalmology to Mr. Walker-Brash and Mr. Chivers. (pre-registration, vacant from 7.9.69) 1
House Physician to Dr. Southwell and Dr. Williams. (pre-registration, locum from 18.8.69) 1

PEMBURY HOSPITAL
House Surgeon to Mr. Gibson (pre-registration) 1

P. J. HELLIWELL
Superintendent

June, 1969.

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BIRTHS

BUSH—On 23rd May 1969, at Tavistock Maternity Home, to Ann (née Paskins) and Peter Bush, a daughter, Cathryn Joanna Duyland.

DOMAINGUE—On 11th June, 1969 to Rosemarie and Dr. P. M. J. Domaingue, a daughter Nicole, sister for Jean-Marc. Now living in Mauritius.

LOADER—On 23rd May 1969, to David and Eva a daughter, Sofia Karin Eva.

PADFIELD—On 10th June, 1969 to Christopher and Veronica Padfield of Kingston, Ontario, a son, Julian Lionel James.

MARRIAGES

POWELL-JACKSON—CORMACK COHEN—On 28th June at Chelsea Old Church John Powell-Jackson to Mary Ann Cormack Cohen.

LLOYD-STILL—MALM—John Dashwood to Dorothy Elizabeth on 24th May, 1969, in east Washington, New Hampshire, U.S.A.

DEATHS

SHELDON—On 5th April, 1969, John William Valpy Sheldon, L.R.C.P., M.R.C.S., aged 63 years.

WHIMSTER—On 30th May, 1969, aged 67, William Swanson Whimster, M.D., F.R.C.P., retired Senior Physician, Nottingham General Hospital, qualified 1925 at Guy's Hospital.

WHITEHOUSE—On 16th April, 1969, John Donovan Whitehouse, L.R.C.P., M.R.C.S., at the age of 48.

PAPERS BY GUY'S MEN

Padfield, C. J. and others. "The Rubenstein-Taybi Syndrome", Archives of Disease in Childhood, 1968, 43, 94.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

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GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2113

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Problem of Waste

One of the real advantages of the National Health Service is that Doctors are able to prescribe for and treat their patients with the good of the patient in mind rather than the health of their bank balances. The cost of the treatment comes a definite second to the consideration of the welfare of the patient. The trouble with this state of affairs is that it becomes easy to condone the occasional excessive expense. It is so pleasant to spend "their" money in what is a good if rather unnecessary cause. The cure for such extravagance lies in educating all Doctors to (to take a concrete example) prescribe from the British Pharmacopoeia rather than from MIMS.

Apparently there is an anti-waste drive going on at Guy's at this time. It seems a pity that an intelligent community has to be subjected to a rather puerile display of extravagance in order to point out the fact that wastage of time and equipment takes place here. It is not often that an event in the Hospital provokes anything more than a most mild reaction, but the rash of anti-waste posters that appeared around the Hospital last week has provoked a widespread reaction of disgust. The disgust is based on two things. The first is the relative extravagance of providing a large number of printed posters, well-finished and mounted on hardboard, to be scattered around the Hospital, making it look like an L.S.E. riot squad repository in order to encourage economy on the part of the readers (presumably a sort of Homeopathy), and the fact that, while visual aids are all the rage, they are expected to achieve a certain elegance and sophistication. The last two attributes are sadly lacking from the displays in Hunt's House and New Guy's House. Waste of drugs, facilities and equipment is a serious problem which should be presented in a serious and constructive manner.

21 and Unborn

The month of July sees the coming of age of the National Health Service and with this twenty-first anniversary come those problems which could either resuscitate or completely shatter the medical services of this country. In recent weeks, any reader of the daily press, whether medically qualified or not, will have been confronted by the ample coverage of those age-old but poignantly twenty-first century controversies, abortion, addiction, transplantation and euthanasia. Of these abortion has scored highest !

The Abortion Act of 1967 has exposed highly emotive feelings in practically every quarter of society. The news that London has become "the abortion capital of the world" is reported to be causing surprise and even horror. Would it not be correct to express surprise at this surprise? Through the efforts of our legislators, surely, logic told us not to expect a reduction in the number of terminated pregnancies. The Secretary of State for Social Services, Mr. Crossman, has issued a warning that he would take "a very grave view" of people coming from abroad for abortions. It was justly surmised that his optimism, in expecting those who operated the "abortion racket" to accurately and honestly reply to his inquiries would be false.

The recent B.M.A. conference in Aberdeen voted in favour of a study of Britain's Abortion Act and its consequences now that it has been in operation for a year. This belated and retrospective study will surely be of little consequence unless the health service accepts its share of responsibility by diverting beds and operating facilities to implement the Act as it stands now and not restrict it.

At a B.M.A. scientific meeting in Aberdeen, this week, a lecturer in mental health stated in a report that single girls who opted for abortion rather than adoption or marriage, differed from "normal" women or married women asking for an abortion. They evaded social rules, were uncontrolled, impulsive, without self identity and likened to accident-prone and bad drivers—a most interesting analogy perhaps, but of value . . .?

In trying to assess the present situation, it can be likened to a ball game between parliamentarian and doctor. The former attempting to activate the doctors' conscience by indicating the possible discredit of the medical profession by a few so-called unscrupulous operators ; and a great proportion of doctors at present opposed in one or more respects to the Act who are calling for further legislation. The result is this unsavory reputation London has acquired as expressed by one correspondent to the press, "the abattoir of the world's unborn".

In the final analysis we forget it is the mother alone who asks for abortion or not, and has anyone the right to force a woman to bear a child against her will?

Professor Audy

The Clinical Lecture at one o'clock on August 1st will be given by Professor J. R. Audy. Professor Audy is a Guy's graduate and has wide experience in many fields of Epidemiology and Human Ecology. His lecture should prove both entertaining and instructive, and should provide a new and illuminating view on Pathology. Let us hope that as many people as possible will attend this lecture.

Miss Tucker

It is with great regret that we announce the death last week of Miss Tucker, the Head Medical Social Worker at the Evelina Hospital. Her sudden death at an early age whilst still working full-time for the children and parents of the Evelina will be deeply mourned by all who knew her. Her place in the hearts of the Southwark families she helped will be difficult to fill. Miss Tucker had been at the Evelina since June 1945, before it became part of the Guy's group, and had continued after the affiliation of the Hospitals. She was not just a social worker; she was the well-trusted friend of all she could help.

GUY'S DIARY

JULY

21.	M.	1.00	Clinical Lecture. Mr. MAYNARD. *"Surgery of the Salivary Glands."*
22.	Tu.	1.00	Clinical Lecture. Dr. WAYTE. *"The Management of Cancer of the Breast."*
24.	Th.	1.00	Clinical Lecture. Mr. LAWRIE. *"Torticollis."*
25.	F.	1.00	Clinical Lecture. Mr. WATSON. *"Ophthalmic Casualty."*
28.	M.	1.00	Clinical Lecture. Dr. HOSKINS. "X-ray Studies of the Colon."

AUGUST

1.	F.	1.00	Clinical Lecture. Professor J. R. AUDY, Professor of Tropical Medicine and Human Ecology, University of California Medical School. "Guided Pathology: an overlooked aspect in the Evolution of Disease."

THOMAS ADDISON

HIS LIFE AND WORKS

by

Jake Mackinnon

I. His Life

The ancestors of the Addison family were yeomen who had lived for several centuries at Lanercost in Cumberland, and for at least four generations they had inhabited a small house in the hamlet of Banks. Joseph Addison had lived there until he moved to Long Benton to marry Sarah Shaw in 1793, and to take over the flour and grocery business that her father had owned when he was alive. It was here that their two children were born, John in 1794, and Thomas in 1795.

There remains extraordinarily little information about Thomas' early life; Dr. Lonsdale, Addison's great friend and biographer, was the one person who knew the family and wrote about them, yet in his book, *"The Worthies of Cumberland"*, he concentrated mostly on Addison's fame as a great physician, saying very little about his life and character as a young man. The fragmentary evidence indicates that until he was ten years old, Thomas attended the village school in Benton. This small school was run by Thomas Rutter and his wife Ann in their own house, which they rented from the Earl of Carlisle. The school was sponsored by the Church, and the pupils who attended paid fees of threepence a week. To augment this small income, the schoolmaster used to look after the accounts of the local farmers.

Thomas was seen to make good progress at the school, and he was soon way in front of all the other children. The local vicar, John Squarey Clapp, an educated man from Balliol College, had taken a personal interest in the boy's education and suggested to his father that he would benefit by continuing his education elsewhere.

In the Michaelmas term of 1806, Thomas started his new school, the Royal Free Grammar in Newcastle. He was one of 130 pupils under the expert guidance of the Rev. Edward Moises, M.A. He stayed at the school for five years, and although there remains no evidence about this period of his life, we know that he distinguished himself, particularly in Latin, for he was able to speak and write Latin so fluently, that he later used to take down his lecture notes in that language. The great success of his school career impressed his father and he realised that Thomas was easily capable of entering one of the great professions. Joseph wanted him to read Law and the Vicar had discreetly hinted at the Church, but Thomas was keen to take up Medicine. Joseph's business was by this time flourishing, the coal

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[Jake Mackinnon is a student at St. Bartholomew's Hospital. This article won the Wix Essay Prize for the author.]

mines brought much trade to the area, and the bakery across the road boosted the flour sales. As a result, Joseph had become rich enough to send his son to Edinburgh, where a three year apprenticeship was arranged at a premium of £300. For some reason, Thomas never took up the appointment that had been arranged for him with a Dr. John Thompson, but entered instead, on the 1st October, 1812, into the University of Edinburgh. His future colleague Richard Bright was also a student at the University, beginning his final year.

Again, little is known of Addison's time in Edinburgh. He studied only chemistry in his first term and midwifery in his second. He then attended classes in materia medica, institutes of medicine, anatomy, botany, clinical medicine and surgery, and eventually graduated in 1815, the year of Waterloo, writing a thesis entitled, *"De Syphilide et Hydrargyro"*. Having finished his degree in Edinburgh, Thomas Addison went to spend a short holiday with his parents in Long Benton, and then set off for London, where he took the job of house surgeon to the Lock Hospital. Here he obtained a considerable knowledge of syphilis, *"although a topic not in strict accord with the branch of the profession that he had adopted, he always spoke on it authoritatively"*.

Move to London

Addison first lived in Skinner Street and from there he moved to Snow Hill and then to Hatton Garden, where he began to practice. He made £50 in his first year and £100 in his second, which for a newly-qualified doctor in those days was a considerable success. In 1819, Addison went to the Carey Street dispensary to succeed Richard Bright as Physician. Thomas Bateman was the Physician in charge of the dispensary, and under the tuition of the great dermatologist, Addison learned a lot about skin diseases. Bateman had been the pupil of Willan and was completing Willan's book, *"On Cutaneous Diseases"*, when Addison joined him.

The Public Dispensary was a small charitable institution which had opened in 1783 for the *"relief by advice and medicine"* of the sick poor of Drury Lane, Holborn and Fleet Street. The staff consisted of two physicians, one surgeon, and an apothecary. The consulting sessions began at noon and home visits were arranged for those who were too sick to attend. The service was by no means confined to treating skin diseases, although the Industrial Revolution and the social accompaniment of overcrowding, lack of sanitation and adequate water supplies, poor personal hygiene, malnutrition and appalling working conditions, tended to produce a great deal more skin infection and infestation.

Bateman was forced to resign his post at the dispensary soon after Addison arrived, on account of ill-health, and he died soon after in 1821. With the death of Bateman, the path lay open for Addison to succeed him and become an extremely distinguished dermatologist. He had already acquired a considerable reputation in the field, his wide knowledge and acute observation and diagnosis were often called upon by much older colleagues in distress. Addison disliked specialisation, *"it savoured of quackery"*, and for this reason he failed to make any

attempt to fill the vacancy that was his for the asking. Lonsdale writes, *"With Addison the investigation of any disease meant the full exercise of his abilities till he had mastered it, and having done this he could not rest till he broke up fresh ground for tillage".*

Despite his insistence on not specialising in dermatology, Addison was attached to the dispensary for eight years, and at the end of the association, the Governors showed their gratitude and esteem by presenting him with a silver claret jug.

Start at Guy's

The start of Addison's illuminated career came when he enrolled at Guy's Hospital; in the books of the medical school appeared the following entry, *"Dec. 13th, 1817, from Edinburgh, T. Addison, M.D., paid £22 1s. to be a perpetual Physician's pupil".* There began Addison's 42-year association with the Hospital, during which time its fame increased magnificently. Two other men were to be instrumental in the acquisition of such a great reputation for Guy's; Richard Bright, who had studied at the Hospital in 1810 before going to Edinburgh, and who was appointed to the staff in 1820; and Thomas Hodgkin, who entered Guy's as a Physician's pupil in 1819.

Addison made rapid headway in his studies at Guy's and quickly attracted the benevolent attention of the omnipotent Treasurer of the Hospital, Mr. Benjamin Harrison, who in 1820 was in his 23rd year of office. It was with his helpful influence that Addison was eventually appointed Assistant Physician on January 14th, 1824. The vacancy had been created by the promotion of Richard Bright to the post of Full Physician. Wilks tells us, *"There were other candidates for the appointment, and amongst them, we believe, Dr. Seymour, well-known for his West End practice. He worked up considerable interest on his own behalf among the Governors and actually got a recommendation from the future King William IV. Such was the estimation in which Addison was held. Dr. Seymour sent his son some years later to Guy's in order to study under his former rival".*

An extract from the minute book for the 14th January, 1824, gives the following information: *"Mr. President requested to know if it was the pleasure of this Court now to proceed to the election of an Assistant Physician in the room of Dr. Bright, now appointed one of the Physicians of the Hospital. Resolved that this Court do now proceed to such an election, whereupon the Petitions of Thomas Addison, M.D., John Burne, M.D., Thomas Cox, M.D., James Dunlop and Edward Seymour, M.D., were presented and read, respectively, praying to be chosen such Assistant Physician, and they were severally called in whilst their petitions were read and then withdrew, after which it was represented by one of the Governors that John Burne, M.D., Thomas Cox, M.D., and James Dunlop, desired to withdraw their petitions, and the same being withdrawn, the Court proceeded by ballot to choose an Assistant Physician, when it appeared that the numbers were: —*

for Dr. Addison	38
for Dr. Seymour	6

Whereupon Dr. Addison was declared to be duly elected Assistant

Physician to the Hospital during the pleasure of a General Court, and he was called in and acquainted with his election and the conditions thereof."

Addison's appointment to the staff was not in the strict Guy's tradition of accepting only former pupils. Addison had qualified at Edinburgh, and he was in fact the second *"foreigner"* to be appointed in this way, the first being William Saunders in 1770.

Addison was made lecturer in Materia Medica in 1827. His lecturing was unsurpassed, he had a genuine interest in his class, always eager to draw out their best talents. His reputation spread rapidly, and at a time when medical students were not expected to receive all their instruction from one school, Addison drew an extensive following from all over London, and his fees for lecturing often amounted to £700 or £800 in one year. Wilks, who was one of his pupils, wrote, *"His lectures were of a very superior order, extempore, couched in good language, which sometimes amounted to real eloquence."* This is well illustrated by the way in which Addison once concluded a long lecture on the diseases of women.

"Gentlemen, if you require an apology for detaining you so long, I find ample material for that apology in the lively interest in which we must all feel in the comfort and happiness of the other sex, doomed as they are, both by the decrees of providence and by human institutions, to drink of the cup of suffering. Whatever may be her lot in this World we, as men, must at least acknowledge that, whilst Infinite Power gave us being, Infinite Mercy gave us women."

He was an exceptional clinical teacher on the wards and he was particularly capable of illustrating physical signs on the patient, whilst his definition and demonstration of the disease was often superb. Any interference with his methods made Addison indignant and often angry, once when he had been away from the wards for a while, one of his colleagues had changed the treatment of one of his patients with pleurisy. Addison returned, at once asked why this had been done and was told that the Physician who had looked after the patient while he was away had believed the case to be one of pneumonia and solidification of the lung. *"Ah indeed,"* said Addison, *"give me a trocar"*, and he plunged it into the patient's chest and drew off a few ounces of fluid, wryly insistent that he had been correct.

Innovations

Addison's interest in teaching led him to introduce in 1828 the system of ward clerking as we know it today. Originally the ward clerk acted as a loud speaker, relaying at the top of his voice to the students gathered around, the conversation between the Physician and the patient.

This was an exceptionally interesting period in medical history, because for the first time physicians were attempting to correlate the post-mortem findings with the physical signs found when the patient was alive. Addison, in particular, was an avid morbid anatomist and was in daily attendance in the "dead house" until the last few years of his life. It was still unusual to perform a post-mortem and so the new thinking was still hampered by practical difficulties. Nonetheless, Addison, Bright and Hodgkin had realised the importance of an

accurate description of disease in all its manifestations, and that any effective form of treatment would have to pay heed to the pathology of the condition.

These three men were among the first to introduce the consistent use of scientific principles in the process of investigation and diagnosis of diseases. The invention of the stethoscope by Laennec in 1819 was an extremely important landmark in the evolution of this school of thought, and Addison appreciated the obviously powerful advantages that it afforded, and became a skilled auscultator.

He was a great admirer of Laennec, *"that truly great man, at once the most distinguished and most successful cultivator of medical science that ever adorned the profession"*. Hodgkin too was impressed by the great fact it was still difficult to obtain permission to Frenchman and visited him in Paris in 1822, probably returning with the first stethoscope in this country.

The beginning of this new era was attended by the usual cynicism that one now expects of such occasions, Dr. Cholmeley, for many years Bright's senior and whom Addison succeeded as full physician in 1837, was essentially one of the old school and would have nothing to do with what he regarded as a foolish toy. One day, to everyone's amazement, he arrived at the hospital carrying a brand new stethoscope; once in the ward, he placed the stethoscope on the table, inserted a flower into the chestpiece and exclaimed, "What a capital bouquet holder".

Cholmeley's attitude demonstrates the stubborn opposition to change that was to be met with during this very revolutionary period. The age of black bile and white bile was not long passed, some old fossils may still have believed and practiced in a manner, which had advanced little since the teachings of Hippocrates and Galen! That the flavour of "humoral pathology" was still detectable, goes to show what innovators that triumvitrate of Guy's men were.

The evidence that their research was deliberate is to be found in the preface to volume 1 of Reports of Medical Cases by Richard Bright:

"To connect accurate and faithful observations after death with symptoms displayed during life must be in some degree to forward the objects of our noble art; and the more extensive the observation, the more close the connexion which can be traced, the more likely we are to discover the real analogy and dependence which exists, both between functional and organic disease, and between these and the external symptoms which are alone submitted to our investigation during life."

It was against this background that Addison continued his work at Guy's. He was mostly interested in teaching, writing comparatively little and remaining entirely uninterested in private practice. This is a little baffling since he died worth £60,000; to amass such a sum, without a private practice and without a large inheritance from his father, would be difficult. Unlike Bright, he was an unsuccessful consultant, some attributed this to his very hard and rather academic character. He certainly seemed to have the wrong disposition to attract the ailing gentry to his consulting room.

In 1837 he was appointed Full Physician on the death of Dr. Cholmeley, and at the same time he was appointed joint lecturer in medicine with Bright, a post which he held alone after Bright retired, in 1840.

Retirement

In September, 1847, when he was 52, he married Elizabeth Hauxwell in Lanercost Church. She was a widow with two children by her first marriage, whom he had met on one of his visits to Banks some months before, she was described as an extremely amiable and excellent wife. They lived at his house in Spring Gardens until shortly before his retirement in the Spring of 1860, made early by the development of gallstones and jaundice and some threatening brain disease. In a touching reply to a letter of condolence sent to him by his pupils, one can see the charming and affectionate kindness that he felt towards his students.

March 17th, 1860

"My Dear Sir,

A considerable breakdown in my health has scared me from the anxieties, responsibilities and excitement of the profession; whether temporarily or permanently cannot yet be determined; but whatever may be the issue, be assured that nothing was better calculated to soothe me than the kind interest manifested by the pupils of Guy's Hospital during the many trying years devoted to that institution.

I can truly affirm that I have ever found my best support and encouragement in the generous gratitude and affectionate attachment, as well as my proudest reflections, in the honourable and most exemplary conduct of its pupils. Present my sincere regards and best wishes to every one of them, and believe me,

Yours truly and affectionatetly,

Thomas Addison."

It is very difficult to get a real picture of his character, to some he was a pompous, withdrawn, unapproachable individual. The following caricature appeared in the medical press some years after his death, and although its tone is scornful, it seems that many of Addison's contemporaries felt this to be his true nature.

"He is a fine, dashing, big, burly, bustling man, proud and pompous as a parish beadle in his robes of office. Dark, and of sallow complexion, an intelligent countenance and noble forehead, he is what the ladies would pronounce a fine man. He has mentally and physically a tall idea of himself. Every sentence is polished, is powerful; he prefers the grandiloquent. Slow and studied are his opening sentences, studied the regularity of his intonations. The advantages of his tall and graceful person are artfully employed to add to the favourable impression; his attitudes, tones and manner are studied and systematic."

Wilks was one of Addison's pupils and he referred to the above passage as scurrilous, and defended Addison, saying that he never posed for effect, and that nobody who knew him well could ever charge him with being anything but natural.

"The personal power which he possessed was the secret of his position, much superior to what Bright could ever claim, and equal, if not greater, than Sir Astley Cooper. For many years he was the leading light of Guy's, so that every Guy's man during the 30 *or* 40 *years of his teaching, was a disciple of Addison, holding his name in the greatest reverence and regarding his authority as the best guide to the practice of the profession. Addison was not learned in the history of medicine; whatever he said was his own and his sayings were eminently practical. He was dogmatic in his teaching, and thus the pupils accepted as pure gospel every word which flowed from his lips. The force of his words was enhanced by his mode of delivery and by the presence of the man himself. Addison was of good height and well made, stood erect, with coat buttoned up very high, over which hung his guard and eyeglass. He wore a black stock with scarcely visible shirt collar, and this further elevated his head. He had a well proportioned, good head, with dark hair and side whiskers, large bushy eyebrows and smallish dark eyes, nose thick, as were also the lips which enclosed his firmly knit mouth. His features were not refined, but belonged to a powerful mind, and showed no trace of any kind of sentiment. His penetrating glance seemed to look through you, and his whole demeanour was that of a leader of men, enhanced by his somewhat martial attitude."*

In Retrospect

Lonsdale said that Addison would have reached the top of any profession he had cared to enter, had it been the Bar, the Senate, the Navy or the Church. Addison was also a nervous man, admitting that every time he rose to speak in public, he was anxious, and some said that it was because of this anxiety that he presented his brusque, sometimes rude exterior. He was also a kind man; he once met a former pupil of his who had recently been made a Fellow of the College of Physicians. On being congratulated by Addison, the young man replied that owing to financial difficulties he was unable to accept the honour. Addison promptly took him into the museum, wrote a cheque for 50 gns., presented it to the amazed young doctor, and left without waiting for a receipt or acknowledgement.

Addison seems to be the sort of person who shunned public life as much as possible, an academic, supremely interested in his work, he was nervous, shy, and to some unpleasant. However, at an evening organised by the President of the Royal Medico-Chirurgical Society to which members of the medical press and eminent doctors were invited, J. F. Clarke met him for the first time and later wrote: *"The evening was one of the most delightful I ever spent. Addison I had never met in private before; I had only known him as the great physician of Guy's Hospital and the somewhat haughty and pompous President of two medical societies, the Westminster and the Royal Medico-Chirurgical, I was astonished by his bonhomie, his hospitality and his powers of conversation . . . "*

[The second part of this article will appear in our next issue.]

THE CLITORIS MARTYR

A BACKWARD GLANCE

by

Guy Nichol

In 1865 Isaac Baker Brown, the eminent obstetrician and gynaecologist, was elected President of the London Medical Society. In 1886 his book *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* was published. In 1867 he was arraigned before the Obstetrical Society of London and was "removed from Fellowship of the Society". His prestige and practice never recovered from this professional bodyblow.

And the cause of his downfall? The clitoris.

The offending book was a small volume of 85 pages. "Long and frequent observation", wrote the author with a profusion of commas, "convinced me that a large number of affections peculiar to females, depended on loss of nerve power, and that this was produced by peripheral irritation, arising originally in some branches of the pudic nerve, more particularly the incident nerve supplying the clitoris, and sometimes the small branches which supply the vagina, perinaeum and anus.

"Closer observation satisfied me that the greater or less severity of the functional affections observed, depended on the amount and length of irritation, and the consequent amount of loss of nerve power.

"Nor are functional disorders the only consequence, but in some cases, severe organic lesions."

The word masturbation does not appear in the book.

Isaac Baker Brown was born in 1812. A student of Guy's Hospital, he took the diploma of the Royal College of Surgeons in 1834 and passed the Fellowship examination in 1848. He played a leading part in the founding of St. Mary's Hospital.

Among his major contributions to gynaecological surgery was his advocacy of ovariotomy. He established the short incision, dealing with the pedicle intraperitoneally with the cautery, and the complete closure of the abdominal wound. His first three operations ended fatally but he had the courage in 1851 to perform the fourth on his own sister ; this was successful. At his eighth ovariotomy in 1854 he was assisted by Spencer Wells. The latter did his first ovariotomy in 1857 and had performed 1,000 by 1880.

To Baker Brown we owe the designation "overian cyst" in place of the earlier "ovarian dropsy". In 1854 he published the first purely surgical book on gynaecology—*On Some Diseases of Women Admitting of Surgical Treatment*. He divided these conditions into those which mostly result directly or indirectly from parturition and those which occur independently of pregnancy; prolapse was included among the latter. He described operations for prolapse, for perineal tears, and for fistulae, both vesicovaginal and rectovaginal. But he pointed out that chloroform anaesthesia allowed relaxation and dilatation of the perineum during labour so that delivery could be achieved without any local laceration.

In his little book, Baker Brown claimed that the progress of disease due to peripheral irritation of the pudic nerve was divisible into eight stages, from hysteria through spinal irritation (which caused uterine displacement among other things), catalepsy, epilepsy, idiocy, and mania, to death.

His treatment was clitoridectomy. The clitoris was freely excised with scissors under chloroform anaesthesia; but he never operated on a female who was under the age of 10 years.

By this time Baker Brown was already the target of criticism because of the activities of the London Surgical Home which he had founded. The *BMJ* in an editorial in January 1866 doubted whether the profession would approve of the way in which this institution was brought to the notice of the public, adding tartly that "a superfluous amount of self-laudation is not always a real recommendation". The publication two months later of the book which advocated clitoridectomy brought an explosive three-page review from the *BMJ*. Not only were the basis and value of clitoridectomy in certain diseases doubted, but the more serious complaint was made that there was nothing in the outward make-up of a book on the subject of female masturbation to indicate that it should not lie on the drawing-room table. A laudatory notice of the book in *The Church Times* did not help to silence criticism. The correspondence columns of the *BMJ* showed the volume of professional disapproval. One doctor wrote that if Baker Brown's arguments were sound, then analogous treatment should be performed in the male with similar symptoms.

Baker Brown had dedicated his book to Brown-Sequard because of his interpretation of the latter's lectures to the RCS in 1858 on the physiology and pathology of the central nervous system. But now Brown-Sequard declined any credit for or belief in Baker Brown's theories and treatment.

At this juncture it became known that a Testimonial Fund to Baker Brown had been initiated in February 1866. The *BMJ* attacked both this and the annual report of the London Surgical Home.

In brief, the campaign against Baker Brown was many-headed. There were accusations of self-praise, of basing an operation on false premises, of seeing and operating on women without the knowledge and consent of husbands or family doctors, of performing a mutilating procedure without regard to the final result, of violating the Lunacy Law, and of bringing to the notice of non-medical people the "dirty"

subject of female masturbation. There may also have been some elements of envy and malice.

On April 3rd, 1867, a resolution was put to a meeting of the Obstetrical Society of London for the removal from its Fellowship of Isaac Baker Brown. The charge was in essence quackery. Baker Brown spoke in his own defence but it was unavailing. The resolution was carried by 194 votes to 38 with five abstentions. The verdict was approved in the editorial columns of both *BMJ* and *Lancet* on the grounds that the accused had departed from the rules of professional honour and ethics. Nevertheless the General Medical Council did not see fit to take any action in the matter.

Later the same month Baker Brown was presented with the results of the Testimonial Fund initiated a year earlier. It took the shape of a silver dessert service of the value of 300 guineas. About the same time Baker Brown resigned from the Medical Society of London, and later in the same year he resigned from the London Surgical Home which closed three years later.

From this crucial year 1867, Baker Brown's practice declined rapidly. In 1872 his health was so poor and his finances so straitened that an appeal was made and over £400 subscribed on his behalf within the medical profession. He died on February 3rd, 1873.

By then clitoridectomy for the indications given by Baker Brown had been abandoned. But his ideas on the effects of masturbation on the nervous system persisted both in England and elsewhere for many years. In *Esoteric Anthropology,* written by T. L. Nichols after 1873, three pages are devoted to the symptoms and effects in both male and female of the disease of "solitary indulgence".

But the management advised was non-surgical and basically prophylactic. "As soon as any child is old enough to understand any subject whatever, it should be taught by its father or mother the uses and laws of the generative function. Were it possible to keep children in ignorance, where can be the use? Thousands of children of both sexes, are corrupted and ruined from sheer ignorance." Once formed, the habit is to be arrested by "moral suasion, combined with hygienic regimen". This regimen consisted mainly of cold water and a wet bandage worn around the child's loins. The wet blanket had arrived, physically as well as figuratively.

NURSING SECTION

After having been nursing for some years and achieving one's ambition of becoming a Ward Sister, a problem arises. Where does one go from there ? As with other professions, the more seniority one acquires in nursing, the more alienated one becomes from the work which was originally desired.

After a great deal of thought, I decided that there were four paths open to me : I could become an administrator or a Tutor, or remain a Ward Sister. Otherwise I could give up nursing altogether. After three years as a Ward Sister, I could at the time find very little attraction in the first three, so I chose the last.

It is always said that after a nursing training one is qualified for anything. However, finding another suitable job with only nursing qualifications soon disproves that hypothesis. I finally decided upon social work, and duly applied to a Local Authority Children's Department. They appeared to be singularly unimpressed, so I turned instead to the Voluntary Organisations and was accepted by one of them under the somewhat grandiose title of Child Care Officer with special responsibilities for physically handicapped children. I was the first of that species to be employed by the Society.

It was, then, in September 1967 that I first began to experience the trials of a 9—5 job and travelling in the rush hour. I had prior to this been informed that the ability to drive was essential, and in the preceding six months had made some very definite, albeit perilous, efforts to become proficient in the art.

I do not intend to give a detailed account of my fifteen months as a Child Care Officer, but rather to record a few impressions.

The most surprising thing which I found was the complete freedom offered to organise one's work. Since this involved travelling all over the country, I could be away for days at a time and no one appeared to be in the least concerned as to my activities. This I found very pleasant !

I was, however, very disillusioned by other aspects of the work. It was very disturbing to discover the attitudes of residential staff towards the field workers and in some cases the children. One was made to feel strongly that the child care in hospital is often in advance of the Children's Homes. The Voluntary Organisations were founded on long-term residential care, and there is still great antagonism towards those who would endeavour to restore children to their homes. One wonders if a survey along the lines of the Platt Report wouldn't be most beneficial.

Added to this, the function of the voluntary organisations in relation to the Local Authorities is uncertain. They have, I am sure, a large part to play, but much re-organisation is required.

I therefore decided after a year of this work that I probably preferred nursing after all.

What then did I learn from the experience? I think probably a great deal. I discovered a great deal about the provision—or lack of it— for the physically handicapped in this country. I saw a great deal of the work done in schools for such children. These, incidentally, were extremely good, and one gained a much better impression of the overall care of these children instead of just the medical side. My knowledge of all the Social Services is also much improved.

I also extensively increased my geographical knowledge of Great Britain, but found that driving 200-400 miles a day was a little excessive. I do think, however, that I am now fairly safe on the road !

Apart from all this, I am informed that I am more tolerant and that I have changed—whether for better or worse I preferred not to enquire.

I feel that the experience of a completely different way of life and working environment had broadened my outlook considerably, and am extremely grateful to have had the opportunity, even if I found it less enjoyable than I anticipated.

NOTICES

Guy's Hospital Society

Bournemouth and Wessex Branch.

The Summer Meeting of the Society was held at the Skyway Hotel, Southampton, on Wednesday, 25th June.

Seventy members and their guests enjoyed a most pleasant informal evening. All members of the Society are reminded that the Annual Dinner will be held at the Norfolk Hotel, Bournemouth, on Friday, 21st November, 1969.

Any Graduates of the Hospital not already members of the Society, and wishing to join should contact the undersigned :—

P. J. Attenborough,
65, Wellington Road,
Bournemouth.

Guy's Hospital Reports

A special number of the Guy's Hospital Reports in honour of Lord Brock on the occasion of his recent retirement from the Thoracic Unit at Guy's Hospital has been published. The contents of this number include :

Observations on homograft aortic valves—D. N. Ross.

The treatment of massive pulmonary embolism—J. A. Dyde.

Myocardial revascularization : A review—A. K. Yates.

Coronary arteriography—J. Dow.

Clinical experience with the Rygg-Kyvsgaard disposable bubble oxygenator—C. G. Green.

Survival in dogs after eight hours' ventricular fibrillation using total supportive perfusion by pump-oxygenator and peripheral cannulation—E. Proctor and R. J. Parker.

Preservation of the isolated heart for 72 hours—E. Proctor, R. Parker and D. Turner.

Cardiovascular surgery and the kidney—C. S. Ogg and J. S. Cameron.

Circulatory changes following cardiac surgery—D. C. Fluck, L. Lopez Bescos, J. H. Esbenshade, J. P. Miller and R. Gilkes.

Observations on heat gain and loss in surgery—H. F. Lunn.

Symptoms in congenital heart disease factors in their genesis and the surgeon's role in their alleviation—Hywel Davies.

Long-term results of implanted cardiac pacemakers in the treatment of complete heart block—L. Lopez Bescos and D. Deuchar.

The radial pulse wave related to the position of the arm—R. K. Knight and P. J. Winter.

Reflected ultrasound patterns in mitral valve disease—C. F. P. Wharton.

Stature in simple pneumothorax—P. Forgacs.

Unilateral emphysema (Macleod's Syndrome)—A report of six cases—P. W. R. Harris, I. A. Baker and G. W. Scott.

Orders for separate copies of this number, or for annual subscriptions to the reports, should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rates for Guy's men are :—

Each number, 12s. 6d.

Annual subscription, £2 2s. 0d.

MUSIC CLUB

Summer Recital Series

Music of the Renaissance and Baroque in Europe.

Derek McCulloch, Alto.
Michael Arno, Recorder.
Elizabeth Riach, Bass Viol.

Thomas Guy Consort:
Stephen Coles, Organ Continuo.
Robert Anderson, Spinet and Continuo.
Margaret Anderson, Violoncello.

Tickets 4s., incl. programme. Duration 90 mins.

Two Open Air Recitals in the Colonnade

Thomas Guy Consort:
Tudor Music on :—
Love and Death—Tuesday, 26th August, 7.30 p.m.
Mirth—Tuesday, 2nd September, 7.30 p.m.
Voice. Spinet. Regal. Violoncello.

Refreshments (inclusive in ticket) will be served in the interval. Each concert will last about 50 minutes. 4s. each.

Tickets for all three concerts will be on sale in the Colonnade at the beginning of August, and are also available from Stephen Coles, c/o East Wing (Music Club) from 23rd July.

MOTOR MEDICA

by Harry Scott, L.D.S.

Ford Capri 1600 GT XLR

Px Close coupled four-seater, good road holding and steering, excellent brakes, smooth engine, fine gearbox, 27 m.p.g., 100 m.p.h., 0—60 12.5 secs., good finish, fully equipped, lively ride, £1,130 (as tested with XLR pack and seat belts).

The smooth lines of the Capri make it very easy to clean, and in the engine compartment everything is accessible, there being plenty of room for the impending 3-litre. The boot is rather small but well-shaped and has felt-backed rubber flooring. The spare wheel is beneath and the jack is secured by a rubber strap on the near side, finish inside is mediocre. The doors have good "keeps", handles and window winders. There are no quarter-lights, which improves vision somewhat.

The comprehensive instrumentation is easily read and all switches are to hand. I like the odometer button which zeroes with a press. The pedals are well arranged and a large rubber button beside the clutch doubles as a foot-rest and washer control. Heating and ventilation, with adjustable eyeballs and extraction, are excellent.

The comfortable front seats have levers to adjust rake and to tilt forward for ingress to the rear. The shaped rear seats, with centre armrest, are also good but legroom, with tall people in the front, is marginal.

The only storage spaces are a full-width fascia shelf, and that behind the rear seat. Indicators, lights and horn are operated by a stalk beneath the steering wheel, which is small and nice to hold, but marred by the vast centre padding. With good carpet covering the floor the interior has a pleasant and well-finished air about it, together with all the latest "soft knobs and padding" safety features.

On The Road

On first impression the driving position is low, the bonnet large and the rear impossible to see. However, on longer acquaintance the driving position proves excellent, and forward vision adequate, but reversing remains difficult.

The steering is light and accurate with a good lock. It has a slight shake which does not detract from its performance. Road holding, on Goodyear G800's, is very sure, the Capri improving the harder it is driven, but the ride on all but the smoothest surfaces is very lively. The seats made up for this in some measure, but over the potholes is it very much a matter of "peas in a pod".

Braking is exceptionally good, panic stops on a steep downhill gradient were all-square with no locking. In normal use the brakes are progressive and light to apply. The hand-brake held on the 1 in 4 but the high first gear made the restart a little difficult.

The engine and gearbox, used in several other Ford models, are first class. Always willing to rev and producing power all up the range, the engine is complimented by the smooth, fairly close ratio, gearbox, acceleration through the gears is a most satisfying continual process. The rectangular headlamps are not up to 100 m.p.h. performance.

The Capri has little wind or road noise, but the engine becomes obtrusive during hard acceleration. The "boy-racer" driving position is excellent and controllability of a high standard. Servicing is required every 6,000 miles, the handbook is clear and comprehensive. Tank capacity of $10\frac{1}{2}$ gallons gives a range of 260 miles.

Don't be put off by initial impressions, drive the Capri a little longer and you will find what a good car it is, marred only by the harsh ride under some conditions, and marginal rear leg room. The appearance is not my taste, but it could be yours, and there are a vast number of options in the range with several more to come.

SPORT

During the summer recess, Guy's is a much divided Hospital; there are those who remain entirely unenthusiastic towards any form of sporting activity; these form the vast majority of the student body, much to their own detriment, while those who involve themselves in sporting activity are further sub-divided into five main groups. Firstly there are the golfers, a small band of highly dedicated introverts who spend a vast amount of time playing the game, and an even longer time talking about it. The second group are the cricketers, a larger group of equally introverted individuals, who as soon as they get together and play as a team will attain the good results they deserve. Thirdly, are the tennis players, these are a virtually unknown race; they may be seen at their activity on several days of the week, but they are an exceedingly modest crowd, rarely do they advertise themselves, and they hardly ever publish a report of their successes (or failures if these occur). The last two groups are a motley collection, consisting in the main of a group of budding Adonic individuals who besport themselves most days at the open-air swimming pool in Southwark park. There remain a fifth band of "sportifs" who involve themselves happily in various pursuits; among these are sailing, squash and boxing.

Almost all of these people have been poorly represented in these pages of late, in some sports especially due to the mismanagement of the writer, but often due to poor information from the club representatives. It is impossible to cover many fields of activity unless there is active participation from the club representatives. Unless these clubs advertise themselves can they hope to increase their membership? So we look forward to the reports of various budding Neville Carduses to appear for future publication.

CRICKET

GUY'S v. DOVER

At Dover.

Result: Lost. Guy's 180—8 (dec.), Dover 181—8.

After following Miss R. Bailiff's excellent instructions written on a curry-stained fragment of a paper napkin that A Gillham had in his possession, the team arrived at the Dover County ground at Crabbe. R. Burns and A. Gillham opened the batting well until the latter, becoming rather over-enthusiastic, set off for a 9.0 second 100 yard trundle which he never finished. Stan, umpiring for Dover, had the first of his mighty brain-storms and gave his decision against Gillham, who, by this time, was back in his crease glaring angrily in Stan's direction.

R. Goodhart scored fast and freely, making 55 runs, but was unluckily struck down in his prime—Stan giving an lbw decision against him.

R. Clark scored quickly but holed out trying to force the pace. Guy's declared at 180 for 8. Towards the end of the Guy's innings Stan was nowhere to be seen and polite enquiries revealed the amazing truth that he had walked off when it had started to rain slightly.

Dover started their innings on a water-logged pitch and bowling soon became hazardous for our seamers, who had to contend with slippery foot-holes and a badly mis-shapen ball. The Dover batsmen took the advantage and, with only two wickets left, won the match in the last over. At the start of this innings Stan suddenly decided to walk off for good in his characteristic fashion without even a by-your-leave. Your correspondent heard him muttering, "all this rain, it's ridiculous", as he stalked off to the shelter of the bar, mopping his bald pate—thank you, whoever took over the umpiring from the Dover side. During the Guy's innings, G. Hey, making a guest appearance, set about wrecking a nearby pitch-and-putt course, the Dover pavilion and Charlie Pearson's cricket trousers. Thank you, Graham.

M. G. Fordham.

GUY'S v. HIGHLAND COURT

Away. Result: Lost.

Sunday morning saw the team in slightly subdued mood. The night before Gillham and Fordham had caused some considerable concern in the mind of a local Curry House Manager. However, the team managed to set off after some members had looked round Canterbury Cathedral and D. Silk had been served breakfast.

Although Highland Court started their innings under a cloudless sky, the pitch was very wet from the previous night's rain. Our seam bowlers did not get a lot of help from the pitch, but against weak batting they looked good, and D. Crafts took six wickets for 22 runs. Highland Court were dismissed for 70 runs.

The Guy's batsmen went for the runs too quickly, and they in turn collapsed in the face of good bowling by a former Kent County bowler. Guy's dismissal for 63 runs was bitterly disappointing; a certain victory had ended in humiliating defeat.

M.G.F.

WATER-POLO

U.H. KNOCKOUT COMPETITION

In spite of one of our number having episcopal commitments, we still raised two teams for the tournament, the only hospital to do so.

The 2nd team performed first, playing well as a team without quite having the swimming power. They eventually lost a close and exciting game by the only goal, with Wright playing particularly well in defence.

The 1st team opened with a game against King's. After a closely contested first half we changed round, leading 2—1. In the second half the attack turned on the pressure, playing some of the best water-polo seen from a hospital side for some time. The final score was 5—1, four players sharing the goals.

The semi-final was against Mary's, the holders for the past three years. They have lost most of their good players, and only good goalkeeping kept the score to 3—1, another good win.

The final, against George's, suffered from some mediocre refereeing, but was otherwise an excellent water-polo match. Their two acknowledged stars wre kept well under control, but they sprung a surprise in their 2-yard forward, who is surely destined for higher things. Three defenders tried their hand at marking him, but despite close marking in the later stages he still succeeded in putting in some powerful shots, and they eventually won 7—5.

This was a frustrating result, as we have now been runners-up in this competition for the last four years. However, it was pleasing to see the team playing so well together, with good understanding both in attack and defence. This was also borne out by every field player except one scoring. The team has obviously benefited from the extensive league programme of last term, and augers well for the U.H. league next term, in which we should field an unchanged team.

Teams and scorers :

1st : K. Howard, R. Jones (2), S. Challacombe (6), D. Davidson (1), G. Northcott (3), M. Adkins, C. Bevis (1).

2nd : B. Wright, D. Aspin, R. Lovell, B.O'Keefe, R. Yellon, J. Clarke, M. Forbes.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, LONDON S.E.1

Applications are invited for the post of **Senior Registrar** in Obstetrics and Gynaecology, with duties to commence on 1st October, 1969 and appointment for one year in the first instance. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1 not later than **30th July, 1969.**

GUY'S HOSPITAL, LONDON S.E.1

Applications are invited for the post of **Senior Registrar** in Orthopaedic and Traumatic Surgery, with duties to commence on 1st October, 1969 and appointment for one year in the first instance. Forms of application are available from the Superintendent, Guy's Hospital, and should be returned by **31st July, 1969.**

GUY'S HOSPITAL, LONDON S.E.1

Applications are invited from Fellows of the Royal Colleges of Surgeons for the post of **Orthopaedic Registrar,** with duties to commence on 1st October and appointment for a period of one year in the first instance. Forms of application are available from the Superintendent, Guy's Hospital, S.E.1 and should be returned by **31st July, 1969.**

GUY'S HOSPITAL, LONDON S.E.1

Applications are invited for the post of **Surgical Registrar,** with duties to commence on 1st October, 1969 and appointment for a period of one year in the first instance. Forms of application are obtainable from the Superintendent, Guy's Hospital, S.E.1, and should be returned not later than **Friday, 30th July, 1969.**

GUY'S HOSPITAL, LONDON, S.E.1

Applications are invited for the post of **Junior Registrar in Medicine** (S.H.O. Grade) commencing 1st October, 1969. The appointment will be for two years and will be held at New Cross and St. Olave's Hospitals in the first year. The successful applicant will be South-East Region where he will assume RegissSouth-Eat Region where he will assume Registrar status in the second year. Forms of application are available from and should be returned to The Superintendent, Guy's Hospital, by **Saturday, 26th July.**

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

J. M. Boulton-Jones
J. D. Powell-Jackson
M. Singh
R. A. J. Spurrell
R. B. Stott
M. D. Warren
M. L. Wastie
C. F. P. Wharton

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.F.A.

J. F. Searle
R. A. J. Williams
I. A. Sutherland

D.C.H.

J. E. M. Cressall
F. F. T. Djabanor
Susan R. Greenwood
A. J. O'Donnell

BIRTH

FORSYTHE—On Friday, 16th May, at the Royal Hampshire County Hospital Winchester, Hants. to Malcolm and Delia (née Moore) Forsythe a daughter Sarah Louise. Sister to Suzanne, Nicola and Marcus.

MARRIAGES

DRUCE—GRAY—On 31st May, at Holbrook, Suffolk, Richard C. Druce to Veronica Gray.

HENRY—LIVELY—On 12th May, 1969, at the Presbyterian Church of England, Cardiff, David Henry to June Heather Lively, S.R.N., S.C.N.

DEATH

BARRAND—On 16th June, 1969, at 50 Whitefield Road, New Milton, Hants. Herbert Joseph Barrand, L.D.S., R.C.S. Aged 76 years.

PERSONAL

DETACHED HOUSE FOR SALE—private road Chislehurst. 4 bedrooms, 2 reception, cloakroom, bathroom, separate shower room, magnificent kitchen, double garage including laundry-room, full central heating. Large terrace on to garden facing South. £13,000 freehold o.n.o. for quick sale. Orpington 24749.

CHANGES OF ADDRESS

William (Bill) Bunting, F.R.C.S., 10 Higher Redannick, Truro, Cornwall.

Dr. and Mrs. M. De Groot, Baillie Henderson Hospital, Toowoomba, Queensland 4350, Australia.

Mrs. R. C. Druce, Box 646 Port Hawkesbury, Nova Scotia, Canada.

Mr. and Mrs. D. Henry, Plot 14, Hotel Telades, Saleston, Nr. Bridgend, Glamorgan, South Wales.

Temporary Change of Address

Newlands, 28, Worcester Road, Sutton, Surrey.

Professor and Mrs. W. E. Herbert wish to advise you that for 14 months from 25th August, 1969 correspondence should be addressed to: c/o The National University of Iran, School of Dentistry, Tehran, Iran. or c/o H. R. Herbert, Esq., Sidney Morse and Company, Alder House, 1 Aldersgate Street, London, E.C.1.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2114

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Moon

Kipling is not much in favour these days and is probably read by only a few. This is a pity. His sentiments are not limited to flag waving and glorification of the British raj, he has also expressed, simply, some ideas still pertinent in this modern day.

The Americans have been rather weak on epic comments about the moon trip, Kipling did have this to say, which becomes most appropriate as we view our tiny planet from outer space:

"All the people like us are we,
And everyone else is they,
And they live over the sea,
While we live over the way.
But would you believe it? They look on we
as only a sort of they."

For a short time on a Sunday evening the world was united in a common interest and experience. Divisions reasserted themselves quickly but their divisive force seems to have been weakened a little. Humility is a basic ingredient of unity and man has never been so humbled as he has by seeing himself as an inhabitant of a speck suspended in nothingness. As the world gets smaller hope for peace and unity grows stronger.

Health Professionals

English is a rich language and it has become so by a process of adaptation, adoption and absorption. A new term in an American publication may well be added to our vocabulary with benefit to all. "Health Professional" is a term embracing all those concerned in the maintenance of the health of other people. It reminds all those interested in this subject of their interdependency, Doctor with Nurse, G.P. with Pathologist and Consultant with District Nurse. It also reminds them all of their basic aim. Will this soon be a standard D.O.H.S.S. term and as "English" as "stomach".

The Tower

The following is the text of the latest progress report on the building of the Tower. It is compiled by Mr. A. H. Burfoot (Clerk to the Governors) and Mr. G. W. Kirkland (Consulting Structural Engineer).

With the Communications Tower standing about one-sixth of its final height and the User Tower two floors lower, some significant changes can be seen in both the plan and the construction methods.

The link with New Guy's House will provide access at all common floor levels between the two buildings. The Tower is a fully air-conditioned building which requires greater height between floor slabs for services than a naturally ventilated building such as New Guy's House. It is not possible therefore to have new and existing floors at precisely the same level, and careful design and planning has been necessary to produce a corridor link with acceptable gradients to allow the easy movement of staff, patients, goods and equipment.

At the present level of construction, a significant change in methods becomes apparent, and certain prefabricated elements can be seen being incorporated. The most obvious of these elements are the precast balustrade panels to the balconies. These units are cast in works away from the site and brought to the job in batches on lorries and are hoisted direct to position, where they are built in with the concrete forming the balcony floors. Apart from their rather obvious use for access for window cleaning, the balconies have an even more important function in screening the large glass areas from the direct rays of the sun, thereby preventing excessive "solar gain" (heat build-up within the building by radiation from the sun's rays through glass). Without this screening the differential between average to cloudy weather and brilliant sunny weather in either summer or winter would produce such a heavy load on the air conditioning plant as to make proper heat control impracticable without an enormous increase in the air treatment plant.

On the west side of the User Tower at ground level there can be seen stacked against one another several flights of stairs. These are being cast at ground level and will ultimately be hoisted into position inside the Towers to form the staircases.

Yet a third type of prefabricated unit may be seen. These are circular sections 5 feet in diameter which, when assembled one on top of the other, form the six chimneys being constructed behind the west wall of the Communications Tower. Four of the chimneys will take the exhaust gases from the boilers while the remaining two will serve the incinerators. It will probably be noted that although made of concrete the chimney sections are black in colour as compared with the conventional light grey. This colour is due to the materials used in making these units which, when in service, will be subject to temperatures far too great for normal concrete work. As a consequence, in place of normal aggregates a crushed firebrick material is used, known as "moler" appregate, and instead of Portland cement, a

special high alumina cement is used. The combination of these materials produces the dark coloured fireproof concrete which additionally has a high resistance to attack from the acids which are to be found in boiler gases. Appropriately enough, just near the temporary entrance to the Accident and Emergency Department behind the hoarding, there are a number of these chimney units stacked. They can be seen quite clearly from the upper floors of New Guy's House.

The next sequence of floors to be built sees the commencement of a new pattern of floors of similar design. With a large number of identical floor slabs, further precast units will be used.

The use of precasting methods for the floors results in a quicker operation than casting "in situ" in that it reduces the quantity of scaffolding, loose reinforcement to be fixed and wet concrete to be poured. Since everything incorporated in the works has to be hoisted from ground level, the time saving becomes apparent and the future rate of progress is expected to be much faster than that achieved up to this stage.

The Guy's Directory

As reported in Passim in June, the new edition of the Guy's Directory, which Mr. Warner has so kindly edited at great labour, is now available, price £1 10s. 0d. post free. Those who wish to secure a copy should send a cheque for £1 10s. 0d., in favour of Guy's Hospital Medical School to Guy's Directory, The Front Lodge, Guy's Hospital, S.E.1. Those Guy's graduates who have received an order card and addressed envelope for the purpose are requested to use them when ordering.

Guy's Men

Professor Herbert is leaving for Iran on 25th August. He goes as Visiting Professor of Dentistry and will spend a year out there teaching. His trip is sponsored by the Ministry of Overseas Development.

Professor D. J. Neill has been appointed Sub-Dean of Dental Studies. He took up his new duties at the beginning of July.

Dr. Wallace Fox, Director of the M.R.C. Tuberculosis and Chest Diseases Research Unit, has been appointed an Honorary Consultant to the Brompton Hospital.

Guy's Hospital East Anglian Dinner, 1969

The Guy's Hospital East Anglian Dinner for 1969 will be held on Friday, 19th September, 1969, at Le Talbooth Hotel, Stratford St. Mary, Dedham, Essex, at 7.30 for 8.0 p.m. President: Dr. J. A. R. Parker. Guest of Honour: Dr. P. J. Helliwell.

If any Guy's East Anglian has not received a notice of this dinner, but would like to come, will he please write to Dr. A. Batty Shaw, 41, Newmarket Road, Norwich, Norfolk, Nor. 22D.

THOMAS ADDISON
HIS LIFE AND WORKS
by
Jake Mackinnon

II. His Works —

Addison wrote surprisingly little for a man who seemed to possess such a remarkable propensity for original and interesting thought and discovery. He is perhaps the only man to have his name immortalised in two diseases; Addisonian or pernicious anaemia, and Addison's disease of the adrenal cortex. Whether he was the first to describe pernicious anaemia is in some doubt, but his beautifully produced monograph, *"On the Constitutional and Local Effects of Disease of the Suprarenal Capsules"* was a classic and marked the beginning of the now flourishing science of endocrinology. Amongst his other writings, appear papers on the anatomy of the lungs, the pathology of phthisis, fatty degeneration of the liver, uterine irritation, vitiligoidea, keloid, appendicitis and the use of electricity in the treatment of certain convulsive and spasmodic diseases. He also produced two books, one a small textbook of medicine that he wrote jointly with Bright, although Bright is known to have contributed very little to the text, and the other on the phenomena of general poisoning in the body, the first serious investigation of its kind to appear in this country.

From this incredibly varied list of published works one sees that Addison's contribution was a large one, it could have been much more had he been interested in writing more about the natural history and pathology of diseases of the skin. His two contributions on dermatology were both original descriptions of very rare conditions, vitiligoidea, (a) plana and (b) tuberosa, and circumscribed scleroderma, but two such rare diseases, so briefly described, tend to belittle his obviously vast knowledge of skin diseases. His objection to specialisation was first shown against dermatology, and it seems to have remained with him all his life.

Literary Style

In 1839 he published a book, in conjunction with Bright, entitled *"Elements of the Practice of Medicine."* Only one volume appeared and it is common knowledge that Addison wrote most, if not all of the text. In this book appeared a brilliant description of acute appendicitis. The description was not the first, but it is so characteristically thorough, and demonstrates so well the eloquent, somewhat flowery style used by Addison that it appears here in full.

"Inflammation of the Caecum and Appendix Vermiformis"

"That portion of the intestine which is lodged in the right iliac region is frequently the seat of inflammation and affords peculiar symptoms, with which it is right that the student should be well acqainted. The history of this affection is often as follows:—The patient has

complained, more or less for some time past, of pain and uneasiness in this part, increased on exertion, or after neglect of the bowels, or excess in eating and drinking; he has, however, retained such a share of health that he has not been interrupted in his daily avocation, till after some unusual exposure to cold, or some long walk, or other over-exertion, he has been suddenly seized with more severe pain, attended with rigors, chills, and sometimes with sickness and violent vomiting. The pain and tenderness become excessive and extend to the neighbouring parts of the abdomen. A hardness and tumefaction are soon very evident to the hand in the part first affected; this continuing, general symptoms of general peritonitis take place, and terminate fatally; but under careful treatment the inflammation remains circumscribed, and becomes even less extensive, assuming the form of a local deep seated abcess. The threatening symptoms of peritonitis subside; the tumefaction just above the crest of the ilium on the right side is more and more obvious to the touch, and gradually shows a tendency to point; the constitution still suffering severely. In the process of time it either opens of its own accord, or is assisted by the lancet, and a discharge of ill conditioned pus follows, which from its peculiar fetid smell, and from its appearance is soon discovered to be mingled with feculent matter. The discharge continues for many weeks and the patient sinks at length from exhaustion. In other cases, when the powers of the system are previously unbroken, the abscess closes and permanent recovery is obtained.

Morbid appearances: From numerous dissections it is proved that the faecal abcess thus formed in the right iliac arises, in a large majority of cases, from disease set up in the appendix caeci. It is found that this organ is very subject to inflammation, to ulceration, and even to gangrene . . . this little wormlike body is often detected in the midst of the abcess, with a perforation at its extremity; or by ulceration higher up in its parietes; a considerable portion of it, nearly or entirely separated, is found in a disorganised condition among the pus and faeces which fill the abcess . . . According to the circumstances under which the patient has died, the extent of the abcess will be greater or less; it will be more or less circumscribed, and more or less complicated with diffused peritoneal inflammation. It is but seldom that the abcess is very perfectly insulated; for the nature of the matter it contains does not favour the production of a healthy adhesive process; but it still often becomes circumscribed towards the cavity of the peritoneum, while it burrows behind that membrane, and finds its way into the surrounding cellular substance; so that it sometimes points at a considerable distance from the original source of the disease."

The earliest report of an acute appendicitis was apparently written by Fernel. This account appeared in 1554 in Universa Medicina, but there is some doubt as to what he is in fact describing. Many anatomists used the term "caecum intestinum" to describe the appendix while others used this same term to mean the caecum, and from this confusion it is not clear whether Fernel is describing a perforation of the caecum itself by an impacted quince, or whether he is giving a good account of perforation of the appendix with secondary peritonitis.

On Lungs

However, despite the confusion, accounts also appeared from Lorenz Heister in 1711, and from Parkinson, also known for his *"Shaking palsy"*, in 1816. Addison was therefore not the first person by any means to describe a case of acute appendicitis, but his description was practically faultless. During his life, Addison was particularly interested in the diseases of the lungs, until he cleared the air in his usual style, it was taught, particularly by Laennec, that pneumonia was an inflammation of lung tissue, an exudation into the lung parenchyma. In 1843 Addison described how he had traced out the small bronchial tube to a lobule or bunch of air cells in which it abruptly terminated, the blood vessels supplying these parts passing exteriorly to the air cells in a very loose and distinct interlobular tissue. He states, *"I entirely fail to discover any structure to which the term interstitial or parenchyma can be fairly applied."* Addison therefore defined the correct structure of the lungs and then went on to describe how he had found the seat of pneumonic inflammation to be in the air cells themselves.

He wrote two papers on pneumonia, the first in 1837 and the second in 1843. In his first paper he begins, *"Any attempt at a further elucidation of pneumonia, after the splendid performance of Laennec, may probably appear presumptious; and especially so, when made by one who acknowledges himself indebted for almost all that he knows of thoracic diseases to that truly great man . . . "*. He then goes on, *"It is with the most profound deference and respect for his memory, therefore, that I venture to add this tributary mite to the riches of one of his favourite essays . . . My apology is that the very familiarity of the subject appears to have lulled medical men in general, and even the stethoscopist, into a too passive confidence in what is already known; and has probably proved a check to that correction and improvement which Laennec himself was at all times so eager to establish."*

This is a very apologetic introduction to a paper whose main object was to draw to the attention of the profession the useful diagnostic sign of the *"pungent heat of the skin"*, felt in the early stages of pneumonia. He also mentions at the beginning that *" the inflammation is manifestly seated in or around the air cells"*.

The old idea of the parenchymal inflammation apparently persisted in spite of a further reinforcement of his views in a paper read in 1840 before the Royal Medical and Chirurgical Society. In his next paper, *"Observations on Pneumonia and its consequences"*, he is almost indignant and triumphant when he announced to the Guy's Physical Society, *"There are probably some present who remember the time and occasion when, in this society, and in opposition to all existing authorities, I ventured to call in question the long cherished notion that pneumonia had its seat in a supposed parenchyma of the lungs, and that the products of pneumonic inflammation were poured into that parenchyma. Since that time I have had the satisfaction of witnessing a gradual, but comparatively rapid, renunciation of the latter views, and the adoption of those advanced for discussion in this*

Society so many years ago, viz., that pneumonia has its original and essential seat in the air cells of the lungs, and that the pneumonic deposits are poured into these cells."

Addison had the pleasure of seeing one of his ideas accepted during his lifetime. This was almost the only one that was—the writings on anaemia, skin diseases and disease of the Suprarenal capsules were for the most part ignored, partly due to the small circulation of the journals in which they were published and partly due to a large number of the medical profession finding Addison a particularly distasteful person.

On Skins

Addison was fortunate in his earlier career to come under the guidance of Bateman at the public dispensary in Carey Street. The knowledge he gleaned there during his eight year association made him confident enough to be the first Physician in London to give lectures on skin diseases. He was appointed demonstrator of cutaneous diseases at Guy's at some time in the 1840's. It was not until 1919, when a Dr. H. W. Barber was appointed as a physician to the Department of Dermatology, that a full-time dermatologist secured an appointment at Guy's.

During his first 20 years at Guy's Addison wrote little on dermatology although he was supervising the collection of wax models being made by Joseph Towne, illustrating many different diseases of the skin. He made his written contributions to dermatology rather late in his career.

In 1850 there appeared the article written by Addison and Gull entitled, *"On a Certain Affection of the Skin, Vitiligoidea Plana, Tuberosa"*, describing for the first time a condition now called xanthoma planum et tuberosum. In their article they described five cases of which only three would now be thought of as examples of xanthomata seen in hypercholesterolaemic xanthomatosis. The other cases were of xanthoma diabeticorum and adenoma sebaceum.

Their description of the lesions, particularly drawing attention to the yellowish colour of the irregular patches which they liken to the colour of a fading leaf, is classic. The aetiology put forward by Addison was that the liver might be at fault, finding some supporting evidence in the fact that xanthoma occurred in diabetic patients, diabetes being at that time ascribed to some liver disorder. Their implication was that the liver produced some abnormal substances which got into the circulation. The delightful description which appears in the paper is repeated here:—

"Eliza Parachute, aet. 33, *of middle stature, moderately well nourished; mother of six children; catamenia regular. Her present illness began in* 1848; *she attributes it to fright, and to a blow received in the left groin whilst attempting to separate two men who were fighting." It then goes on to describe how she became jaundiced, with paroxysmal pains in and about the hypochondria with an enlarged and tender liver. Her vitiligoidea had started after the jaundice, and had been present for* 14 *months before she again came under the care of Guy's. "It first appeared on the hands, spreading across the*

flexures of the joints of the fingers and palms. Soon afterwards a yellowish patch of discoloration began near the inner canthus of the eyelid, and then a precisely symmetrical one at the same part of the opposite eyelid. These patches are very slightly raised, and not obviously indurated; they have extended very slowly. In the early part of the year 1850, *two models,* 2733 (4*th*) *and* 2733 (5*th*) *were made of the case. At this time the patches on the face existed as above described. Along the ridges bounding the flexures in the palm and about the joints of the fingers, there were yellowish, opague, irregular, and somewhat raised lines. About the thumb, first joints of the fingers, and inner and interior parts of the wrists, there is a gradual transition to a tubercular prominence of the affected parts, and some distinct tubercles exist on the elbow and knee. The diseased parts are tender, so as to give her pain in using a knife to cut bread. The whole surface of the body is of a dull lemon tint.*

During the last seven months the affection has become more tubercular, especially about the joints of the fingers of the right hand. The patch of confluent tubercles on the elbow has much increased since the model was taken. Both elbows are similarly affected. There are also tubercles on the right knee, on the superior the hands the gradations from the plane to the tubercular variety are well marked, and the essential relations of the two forms demonstrable."

At the end of the paper, *"Mrs. Parachute informs us that although none of the tubercles have disappeared yet, they are now less prominent than they were a year ago."*

Addison's second contribution appeared in 1854. He read a paper before the Medico-Chirurgical Society, *"On the Keloid of Alibert and the True Keloid."* In this paper he describes what was to him, a new disease, true keloid, known now as morphoea or circumscribed scleroderma, and he distinguishes this from the keloid of Alibert, commonly known as keloid. Addison was not the first to describe the condition, it had appeared at least a century before him in the writings of Curzio, and Henke had also described it in 1821. The credit given to Addison for his description of morphoea was however justified in that he had never heard of the disease and so his description was at least original to him. The large number of models assembled under Addison's instruction can be seen in the Gordon Museum at Guy's. They are, without exception, accurate and beautifully made models which often deceive the eye into thinking they are real specimens taken from cadavers.

Now we come to the two diseases which bear Addison's name. These are surprisingly connected, because in his description of *"the remarkable form of anaemia"* he gives a classical account of pernicious anaemia and then goes on to say that in three cases only was a post-mortem examination performed, and by what appears to be a remarkable coincidence, a diseased condition of the adrenal capsules was found in each. It was quite natural that he should connect the condition that he had so admirably described with the diseased adrenal glands, and it was this chance finding that pushed him on to study the adrenals more closely and find a completely different disease. It is this red herring of the *"idiopathic anaemia"* introduced into his work on

the adrenals that has perhaps led to the controversy that raged after his death as to who had been the first to describe the condition of *"idiopathic anaemia"*. In 1874, an editorial appeared in the *Medical Times and Gazette of London* entitled, *"Pernicious anaemia—a New Disease"*. It described how Biermer of Zurich had described a new form of anaemia, and concluded, *"We are not aware that any case has, as yet, been reported in Great Britain but no doubt there will soon be many observers on the lookout for it."*

Samuel Wilks, Addison's ever rampant champion, was quick to take up the challenge. In the *British Medical Journal* seven days later, on the 28th November, 1874, appeared a letter in which Wilks begged leave to remind its readers that the disease was well known in England. He said that he had heard Addison lecture on it as far back as 1843, and he himself had published accounts of several fatal cases in *Guy's Hospital Reports* between 1847-49.

The first report seems to have been written by James Scarth Combe in 1822, published in the Transactions of the Medico-Chirurgical Society of Edinburgh. Combe certainly never took part in the wrangle over the originality of any particular description of the disease, and in the obituary published in the *Edinburgh Medical Journal*, after Combe died in 1883, there was no mention of his valid claims to the discovery of pernicious anaemia. So Addison never published a separate paper on this anaemia, all his early descriptions of the disease were in connection with the suprarenal capsules. His preliminary report was in 1849, a short paper read to the South London Medical Society. Here he associated the two conditions because of this extraordinary coincidental finding of diseased adrenal glands in all three of the subjects on whom post-mortems were performed. Then in 1855, in his wonderful monograph, *"On the Constitutional and Local Effects of Disease of the Suprarenal Capsules,"* he explains that it was during a search to throw some light on this curious form of anaemia that he stumbled upon this diseased condition of the suprarenals which he then realised was entirely unrelated to the anaemia, and that he had been able to find no characteristic features on post-mortem examination to explain the pathology of this anaemia, and there the matter rested. His description at the beginning of his monograph is repeated here :—

"For a long period I had from time to time met with a very remarkable form of general anaemia, occurring without any discoverable cause whatever—cases in which there had been no previous loss of blood, no exhausting diarrhoea, no chlorosis, no purpura, no renal, splenic, miasmatic glandular, strumous, or malignant disease. It makes its approach in so slow and insidious a manner that the patient can hardly fix a date to his earliest feeling of that langour which is shortly to become so extreme. The countenance gets pale, the white of the eyes become pearly, the general frame flabby rather than wasted; the pulse, perhaps, large, but remarkably soft and compressible, and occasionally with a slight jerk, especially under the slightest excitement; there is an increasing indisposition to exertion, with an uncomfortable feeling of faintness or

breathlessness on attempting it; the heart is readily made to palpitate; the whole surface of the body presents a blanched, smooth and waxy appearance; the lips, gums and tongue seem bloodless; the flabbiness of the solids increases; the appetite fails; extreme languor and faintness supervene, breathlessness and palpitations being produced by the most trifling exertion or emotion; some slight oedema is probably perceived about the ankles; the debility becomes extreme. The patient can no longer rise from his bed, the mind occasionally wanders, he falls into a prostrate and half-torpid state, and at length, expires. Nevertheless, to the very last, and after a sickness of, perhaps, several months' duration, the bulkiness of the general frame and the obesity often presents a most striking contrast to the failure and exhaustion observable in every other respect."

And Fame

After this discovery Addison continues to describe his most famous piece of research. He had been interested in the adrenal glands for some time, since at least 1849. He began to realise that a curious brown pigmentation of the skin that he had seen in several patients was connected with disease of the adrenal glands. He got Samuel Wilks to collect details of possible cases and after some diligent dissection Addison managed to demonstrate unequivocably that there was such a connection and he began to collect further cases and finally there was enough material and suitable clinical evidence to warrant publication of his findings.

"The leading and characteristic features of the morbid state to which I would direct your attention are, anaemia, general languor and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of the colour in the skin, occurring in connection with a diseased condition of the suprarenal capsules . . . . The discoloration pervades the whole surface of the body, but is commonly most strongly manifested on the face, neck, superior extremities, penis, scrotum, and in the flexures of the axillae and around the navel.

He then described eleven cases, the first four of which were undoubtedly examples of the disease. The fifth was an interesting one: Richard Bright had looked after the case, a woman who had been admitted because of a tumour in the left breast and a swollen right parotid gland. She had a very dark complexion, she was emaciated her stomach became irritated and she vomited, her strength declined and she soon died. On post-mortem examination it was reported that *"the only marked disease was in the suprarenal capsules, both of which were enlarged, lobulated, and the seat of morbid deposits, apparently of a scrofulous character they were at least four times their natural thickness, feeling solid and hard; on the left side one part had gone into suppuration, containing two drachms of yellow pus."*

Addison commented that, *"It did not appear that Dr. Bright either entertained a suspicion of the disease of the capsules before death, or was led at any period to associate the colour of the skin with the diseased condition of the organs, although his well-known sagacity*

induced him to suggest the probable existence of some internal malignant disease. In this as in most other cases, we have the same remarkable prostration, the usual gastric symptoms, the same absence of any very obvious and adequate cause of the patient's actual condition, together with a discoloration of the skin, sufficiently striking to have arrested Dr. Bright's attention even during the life of the patient."

Bright in fact preserved the adrenal glands and they can still be seen today at Guy's. He had all the evidence before him, but failed to make the connection of pigmentation of the skin with diseased adrenal glands. Had he done so he may well have been the first to attach his name to two diseases instead of Addison.

The monograph was richly illustrated with the most beautiful litho-engravings, and was truly a great work. It took some time, however, to produce the response that it deserved. There was no review of the book in the British Medical Journal, and that in the *Lancet* was frivolous. *The Medical Times and Gazette* said, *" We believe that Dr. Addison has made a discovery which is the most important practical medicine has produced for many years, and one in every way worthy of the untiring zeal and energy in professional pursuits which have characterised his life."* Many people ignored the discovery, some denied the existence of the disease, but the great Trousseau recognised the true value of Addison's work and suggested that the disease should thenceforth bear Addison's name. Addison was a great innovator and it is heartrending that he was so abused in his time. He was rather retiring and abrupt and for this reason those who did not know him well paid little attention to him or his work. There was no obituary published of him in the *British Medical Journal* or the *Lancet*, he was not elected a fellow of the College of Physicians until 19 years after he had become a Licentiate, nor did he hold any office or deliver any lectures in the College, he held no court appointment and received no honorary degrees. He was perhaps one of the very few men of his time who deserved such rich honours.

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THE MEDICAL ASSOCIATION FOR THE PREVENTION OF WAR

by

Dr. H. Windsley

Man has landed on the moon! This was the message transmitted at 9.18 p.m. on Sunday, the 20th July, 1969, to a television audience at the English Speaking Union of the Commonwealth in St. Charles Street, London, W.1. Facing the screen sat and stood a group of anxious, lip-biting viewers. When the message of Eagle's safe landing was uttered by Patrick Moore, there was applause and a sense of relief. There could have been here in London not many more appropriate places than this great Club of Anglo-American Friendship for such epic news of man's exploration of the heavens.

It was only a fortnight before that my Morris 1000 brought me back from Cambridge to London. On my left sat a Czech lady, who was once again a refugee in this country, this time as a medical practitioner. In the back were the watchful eyes of Dr. Felix Brown, Physician in Psychological Medicine at the Royal Free Hospital, London. We all had just attended a conference at Newnham College of the Medical Association for the Prevention of War. The road was slippery and the windscreen wiper worked hard to keep the path of vision clear.

The subject of this year's conference of the M.A.P.W. was on "The Doctor as Peacemaker". Professor L. S. Penrose, Emeritus Professor of Human Genetics had a worried look on his face when, on the 5th July, he opened the conference. Was this an unconscious reaction to this country's involvement at the United Nations in New York; or scepticism about the effectiveness of the Association to bear sufficient influence to promote Peace in areas of conflict?

The first speaker was a lady, known to Professor Penrose, who for the second time had had to seek refuge on this island from conflict at home. She had left Czechoslovakia last August. This time she had become a mature, married woman with children. She told us that, politically, the medical profession had no influence on the policy-makers of Prague. In complete contrast to this were the words of Mr. R. Jones, a medical student at St. Thomas' Hospital, London, when he asked for support for British Medical Aid in Biafra. When he went as an assistant to Dr. Bruno Gaus, a paediatrician, to Biafra, he was already a veteran, having spent some time at a border Kibbutz in Israel. Mortars and bomber raids were not new to him. This paediatric team was financed by Oxfam. Mr. Jones' services became invaluable as a transfusion expert, and during his ten weeks' stay he carried out about 300 blood transfusions. How bloody can a war be, if one gives it in one way to lose it at another end. For this task

there was no Nurse substitute in Biafra.

Dr. Felix Brown, who at one time played the role of a "Midwife to the York Clinic" at Guy's, stressed the importance of students getting involved in this type of work. "The doctor is fighting for Peace by saving life in War in the same way as he is trying to treat a patient suffering from typhoid or dysentery." He was anxious to promulgate scientific faith.

After tea, Dr. Cicely Williams, a paediatrician working with the World Health Organisation, struck the chord "We know for whom the Bell Tolls." Her subject was "The Doctor as an International Servant." Servant he might be, but whether he is internationally minded is doubtful in my mind. Dr. Williams blamed governments for spending money unwisely and instanced surveys carried out which were never implemented. "I worked in 61 countries," she exclaimed

Dr. Felix Brown
(Former Registrar in York Clinic)

Dr. Martin Bax
(Secretary, M.A.P.W.)
(Salomon's Centre, Guy's)

proudly, "and I enjoyed being a slave to my work." Some of the most enlightening words came from Dr. M. Potts, Secretary of the International Married Parenthood Federation. No doubt, the young woman doctor, a journalist, who sat next to me enjoyed this remark; "The way some F.P.A. doctors carry on implies that barbers should examine the scrotum of every man to whom they sell condoms." "There is no reason that every woman should have her orifices explored." Controlling the birthrate in poverty-stricken countries can become a deterrent to acts of aggression against rich neighbours. Doctors and clergymen do not practice in their own beds what they preach. Family planning can be introduced in backward countries with determination. He listed seven commandments :—

1. All doctors should keep family planning in mind.

2. Doctors have to take a realistic attitude to family planning and clinic hours must suit the public.

3. There should be no distinction between married and unmarried women who seek advice.

4. Patients should not be alarmed about taking the Pill.

5. There should be more research into family planning.

6. A more sensible attitude should be taken towards abortion.

7. The government should be interested in population control.

No doubt these were words of a prophet and may be it will hit the ears of doctors on Earth as the footprints of Man on the Moon will make some of us hope and pray for a honeymoon in tranquility.

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NURSING SECTION

The Nurses' Ball

The ever-popular Nurses' Ball was held once again in Grosvenor House on the 14th July this year. It was heralded by the usual rush for tickets and lengthy individual preparations. Those who were fortunate enough to obtain tickets found it a really wonderful evening.

The setting for the Ball was superb. The arrangements of the round dining tables, the chandeliers, the balcony seats—in fact, all the luxurious appointments of Grosvenor House helped to make this a grand event.

The reception, the pre-dinner drinks, the excellent meal and good wine, dancing to the band—which played so well and with such variety—and the gay interludes of calypso music made the whole occasion a tremendous success from start to finish.

Everyone entered into the spirit of the occasion, and a great deal of fun was derived from seeing fellow-workers so un-starched in more ways than one! This ensured plenty of scope for after-Ball discussion on clothes and escorts which, too, added to the pleasure.

The only regret was that many were unable to attend, as Grosvenor House, large as it is, cannot accommodate more than a certain number, and one can only hope that those who were unlucky this year will be more fortunate next year.

Very many thanks are due to the Staff of Grosvenor House for arranging everything so superbly and for providing such excellent service.

And our very sincere thanks go also to the Chairman and Board of Governors, and to Matron, for providing such an unforgettable evening.

J.E.A.

As You Like It

The Theatre Club Summer Production

July 1969

Shakespeare was fond of playing on the cuckold's horns; the fork which divides the horns represents the dilemma which separates his riders. There are the modernists, the present-day priests who drape the sacred carcass with present-day uniforms. In disguising William's senility they give fresh life to the lines we twisted in the classroom, but only at the expense of moulding worn features to box office tastes. Some call it interpretation, others distortion. These others are the puritans who are rarely content with removing the mask, but would gladly strip William of his skin too and show us the Elizabethan courtyard through the bare bones. This they dub truth, reverence, or as the modernists put it, burning the bard to save his soul. But what is to be done for a play which is too pastoral to be brought up to date and too lyrical to be stripped of its stuffing?

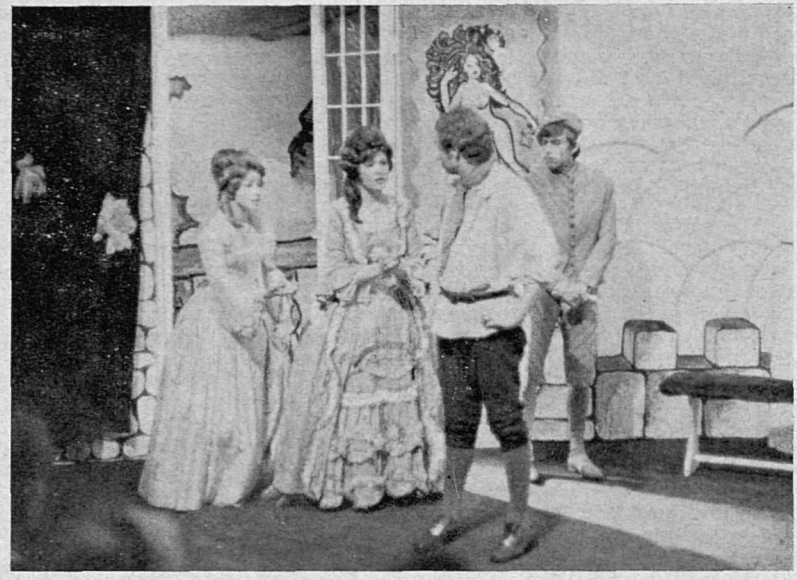
The Theatre Club, like all true committees, compromised. They compromised and set up a half-way house at Versailles. Although the climate was warm and woodland, they wrapped the stage in stone and cast themselves into the sumptuous strait-jackets of Louis XIV. Their manifesto too was elegant, the most elegantly tailored programme I have seen. As an admirer of Beardsley's work, I was fascinated by the china precision and latent purpose which Nick Astbury has infused into his figures. But the figures have nothing to do with "As You Like It" and the drawings belong to the most decadent period in English history ; the age of The Yellow Book, the gas lamps, the unconscious revolt against Morris and his craftsmen, in fact against the very atmosphere Shakespeare chose to develop his ballad in. Duke Senior was only too glad to escape the painted pomp, the envious court; the Theatre Club knew better. I suspect they would have loved The Yellow Book too, just as the courtiers of Versailles would have loved their production. But to spray Arden with it is simply defoliation.

Now David Richards seems to be in search of Arcadia and with tax at its present rate I have sympathies with him. Last year he chose Caliban's Isle, an enchanted hideaway off the coast of Italy. This year we went camping among the roots of "farcical comedy". In fact, there was very little farce. Farce is concerned with the impossible development of a possible situation. Unbeknown to him, Mr. Richards was producing good old English pantomime, the possible development of an impossible situation. The mistake probably arose by concentrating too hard on the word-play, which occasionally resembles restoration comedy (circa 1700, the period of Louis XIV).

So before the play has started, we have a basic misunderstanding between the producer, the programme designer, the wardrobe and the men who manned the backcloth. If it hadn't been for his players, Shakespeare might well have found himself pinned by his puns to a setting which knew not and cared not for those "tongues in trees" and "sermons in stones" which Duke Senior kept burbling about. Know ye, Mr. Masser, that 5 per cent of "As You Like It" was intended to be spent in an orchard, 18 per cent inside a palace and 77 per cent among stout English oaks. Well,

where was your greenwood? Dost thou remember how we carelessly fleeted the hours in front of a miserable multi-coloured cut-out traced off a cereal packet? This is not greenwood, it is Versailles with thatch on it. How do you expect Arden to breathe if you dwarf it with cold castle walls and drop trembling chandeliers on the battlements when you think our imagination is running low?

Thank god for sane actors who kept their heads when all about them was ultra violet and moving trees; thank Alison Stevens for Rosalind, thank Wendy Inward for Celia. Of course, it might have been an interesting experiment to cast a male Rosalind as was the rule of stage in Shakespeare's time, but then we would have lost the eager scheming of the female mind and the graceful fluency with which Alison Stevens led us from scene to scene, moving easily between quarrels and matings and unmatched groups. She alone gave this Arcadian picnic the unity it needed. But it would be wrong to admire the foreground and forget the background. Celia said as much with her eyes as Rosalind with her outbursts. The one complemented the other, and Wendy Inward made so perfect a twin that the wooing of Orlando became a joint enterprise.



L. to R. Celia (Wendy Inward), Rosalind (Alison Stevens), Orlando (Russell Cowan), Touchstone (Andrew Blinkhorn).

In a similar way Orlando and Adam, but the gap of age and class made it a case of sundial and shadow, the one catching the light, the other telling the hour. It is a long time since I have seen anyone die with as much life as John Townsend, or grovel in his weary lot with more humour. But it was on Russell Cowen that the grave responsibility of pantomime hero fell and it was as well that he felt the youthful handsome pantomime urge to defeat evil with good luck and love with good looks. You will have to go many miles to find a more delicious sight than Mr. Cowan reading nursery rhymes to the light of an instant moon, or emerging from a tousle with the man-eating Charles. Tarzan might have been more hairy, but he was never more convincing.

Which brings me to the point of the wrestling match. We hadn't gone far into Act I when we were confronted by a baffling piece of impromptu. Mr. Le Beau had just explained that our guts were about to be stirred by a

Amiens (Peter Inward) and Jaques (Andrew Seal).

Amiens, Duke Senior (Steven O'Keefe), and Mar-text (Gordon Jackson).

gory display of wrestling and would all ladies please fasten their safety belts, when without any warning the entire cast retired to the wings to watch a tiff between the prompter and the author. This over, they hurried back to their business but completely forgot about the wrestling. It was a shameful slice of cowardice. No matter how poorly it might have been performed, to omit the only rough and tumble in an action-wise stagnant play is to deny the groundlings their money's worth (about a penny in Shakespeare's day) and ignore Shakespeare's only reason for leaving it in.

W.S. is supposed to have written "As You Like It" around 1600, but I find it hard to believe that the rough copy wasn't drafted several years earlier and subsequently polished up for performance. The plot was stolen from Thomas Lodge, who published a tale of blood and thunder in 1590. Shakespeare left out the blood and turned the thunder into a series of unlikely love matches. However, by far the most significant change was the addition of Jaques and Touchstone, his internal critics. Andrew Blinkhorn dissipated a lot of energy, but only succeeded in irritating me and for these reasons . . . fools are often frivolous but the paradox of Touchstone is that he marauded as a fool to parade his wisdom. I was not convinced from Mr. Blinkhorn's capers that this fool's wisdom went any deeper than the stripes on his plus-fours. And the second paradox is this, that while Touchstone begins as a patronising courtier set adrift among yokels, he ends by marrying a slut. Mr. Blinkhorn, from beginning to end, was the perfect public schoolboy on a country outing.

Then what of the melancholy Jaques? Andrew Seal is one of the few actors at Guy's who combines the belief that words mean something even though Shakespeare wrote them with an idea that they have been deliberately set in the order which most gives them the power of expression. He delighted us with a masterly delivery of Jaque's peculiar self-indulgent humour, unwrapping the Seven Ages so delicately until we shivered sans teeth, sans everything. He was the forest photographer arranging his group for the funeral, for rustic revelry under Duke Senior appears to be mourning service and Mar-text does a very good line in blessings.

For a man who has been relieved of the tedium of court intrigues and is now living wild in the forest, Stephen O'Keefe seemed remarkably sleepy. Perhaps he found a root in his bed last night, but his "Shall we go and kill us venison?" was the voice of a man who intends to buy a packet from the supermarket. At Adam's funeral he spoilt the party by feeding the corpse, but Orlando at least expressed surprise. Yet when the pantomime shattering moment fell, when Rosalind (male) changed sex (female) and there (trumpets off) behold his long-lost daughter, the good duke's response was one of mild boredom and the surprise was left to us.

Never mind, that's drama and in this year of hairless nudity, when our critics daily debate which theatre will first bring sexual intercourse to the London stage, I am happy to report that the Physiology Theatre once again resisted immortality. If I was apprehensive at the way Monsieur Le Beau examined that picture, it was certainly more natural than the starched gestures and empty growls of our villains, evil Oliver and black Duke Frederick. Charles may be thick but he obviously reads Shakespeare, and Silvius was sufficiently sexless to provoke my wholehearted sympathy for Phoebe.

But of all the sights of the greenwood, there was one which retained a colour deeper than the rest. That of the nimble Jaques tossing with Amiens their operatic carol; first feeding it to the melancholy guitar of Peter Inward, then catching its shadow again and again by the tip of the thin, spiked beard. In that one song we glimpsed the whole of Arden.

Robert Lomax.

CORRESPONDENCE

Waste not . . .

SIR,—The criticism in PASSIM of the posters which appeared in the Hospital was deserved. They were an idea which has not come off very well, but the problem remains. The intention was to remind each of us that our approach to the use of the resources at our disposal may either add to or reduce the overall extent of the services which the Hospital can give to its patients. There are many who do not need this reminder, but if it helps a few of us who had not thought about it before to be self critical, the hospital will have gained.

Yours, etc.,

A. H. BURFOOT,
Clerk to the Governors.

Counting House,
Guy's Hospital, London, S.E.1.

Wheelchair Access

SIR,—In answer to the letter from Miss Patricial Corby in a recent edition of the *Gazette*, it is the intention to provide access and accommodation for people in wheelchairs in the new auditorium.

We are also investigating the possibility of providing similar access to the swimming pool.

Yours, etc.,

D. H. KING,
Planning Department.

Counting House,
Guy's Hospital, London, S.E.1.

Guy's Dinner—Aberdeen, 1969

SIR,—During the Annual Representative Meeting of the B.M.A. in Aberdeen, the Guy's Dinner was held at the Lang Stracht Hotel. It is remarkable that as many as twenty-six sat down to dinner so far from London Bridge.

Dr. Tony Brewin travelled from Glasgow with his wife, and Dr. Routley and his wife from Edinburgh for the evening.

The meeting next year will be held in Harrogate, and we are hoping for similar support in 1970.

Yours, etc.,

DR. S. C. C. SCOTT.

Cancer Campaign

SIR,—Please may I thank everyone who helped to make such a satisfactory collection for the British Empire Cancer Campaign for Research. The Guy's depot was able to contribute over £150 towards the central fund.

Yours, etc.,

MARGARET HELLIWELL.

"Sucane",
3, Hill Brow,
Bickley, Kent.

Sarah Stotz Lectures

SIR,—May I have the courtesy of your columns to thank Dr. Dennis Deuchar; Editor of the Guy's Hospital Reports for granting my request to publish an amendment to the introductory note of the Sarah Stotz Lecture 1964; published in the Guy's Hospital Reports 1965, 114, 175.

I originally had planned to remain anonymous with this endowment, but realised that little purpose would be served, if during my lifetime I cannot participate actively in promoting this lectureship.

My mother and I suffered racial and religious persecution in Germany prior to, and in France during World War II.

It was after the fall of France that we managed to reach the shores of this island and therefore able to witness the victory of the allies. At that time Britain stood alone as defender of Western democracy in Europe.

Since then, events in the world at large have shown that human conflicts have their origin in many man-made ideas, philosophies and religious beliefs in association with the economic standard of the victims concerned. I hope that through this small endowment I have contributed in burrowing a pathway towards the dawn of a better era. My thanks are extended to Sir Rowan Boland, my former Dean; Dr. Gerard Vaughan and Dr. Ronald MacKeith, in playing their part to see this lectureship established within the University of London. By good fortune this issue of the Guy's Hospital Reports is in commemoration of Lord Brock and comes at a time when the World Health Organisation is celebrating its 21st anniversary.

Dare Quam Accipere,

Yours, etc.,

HENRY WINDSLEY, M.B., B.S.

British Medical Association,
Tavistock Square, London, W.C.1
Hastings Room.

More from Chromic Acid Manufacturers

SIR,—We are indeed indebted to Mr. David Lindsay, for enabling us to see the statement issued by the Chromic Acid Manufacturers Association. He may be interested to hear that we had already taken steps to assess the new product, which is claimed to have " its destructive properties reduced to a minimum".

The usual monthly firkin of chromic acid used in the Dental Department, was delivered in its new attenuated form. Unfortunately it was unlabled and was forwarded to the Staff Common Room where it was served at a recent reception and was pronounced by many as a rather good South African Amontillado. The remainder one hears is still being served to privileged visitors to the Dean's office.

While this may be some positive recommendation of the new product, it is obviously not what the manufacturers intended. We would therefore make a further claim on the good offices of Mr. Lindsay, and ask him to obtain for us an additional supply for assessment under a more rigorous and scientific basis.

Yours, etc.,

"JOHN GUMNER".

SPORT

Boxing at Guy's

As everyone knows, this is the time of year when hospital sporting life is at its lowest ebb, or to rephrase it, at its least energetic—increasing numbers of devotees of the sun are still to be found enthusiastically exposing themselves daily at the Costa del Bermondsey and boasting nightly of some new tide-mark on their torsos.

As far as organized sporting activity is concerned it is becoming increasingly difficult to find any notices at all on those usually densely populated boards outside the students' bar. The one team sheet that still makes a regular appearence, that of the 1st XI cricket team, is becoming more and more difficult to read, or so it would appear to judge from the cricket captain's long face every Friday night as he tries to raise a team for the following day. It seems hard to believe that there is an epidemic of some undescribed disease going by some such name as intermittent niyopia among the cricketing population of Guy's. Cricketers have become "unavailable", have politely refused to play or have simply not turned up in steadily rising numbers this season. Is it because of a generalised apathy or is it because of some inherent fault in the cricketing hierarchy at Guy's? Your humble scribe certainly does not profess to know the answer.

One sport that has received perhaps too little coverage in these columns of late is boxing. It seems a fitting moment now to pay tribute to the one person who has kept the Guy's boxing club from following or even preceding the Oxford University Boxing Club into liquidity in the last two years. This person is Sam Marsh. One is unlikely to be contradicted if one says that he is not the greatest boxer Guy's has produced but he must certainly be among the most dedicated. As secretary and, for the last two years, captain of the boxing club he has soldiered on with a paucity of encouragement and a minimum of followers. Perhaps the biggest tribute of all to the retiring captain is that he has now got in the club a boxer of calibre of Terry Reynolds, to succeed him as captain. This boxer has so far had only one defeat in his two year boxing career and most of his verdicts have been gained inside the distance. It has even been suggested that he should be entered for the South Eastern Divisional Championships next year. How many years is it since a Guy's boxer was even considered for that honour one wonders? Whether this materialises or not, it is to be hoped that the enthusiasm of Marsh and Reynolds will not be wasted and that the club will continue to flourish for some years to come.

E.N.

CRICKET

GUY'S v. STREATHAM

Away, June 13th. Lost.

Streatham 150 (Crafts 4—30); Guy's 99.

Again it was the Guy's batting that proved to be their downfall against Streatham.

Having bowled the home side out for 150 on a perfect pitch, Guy's never seemed to get in the race.

Considering how very well the team had bowled and fielded in the stifling heat, the reward of 99 and defeat was rather poor retribution.

As in so many other games this season, moderately accurate off-spin completely paralysed the batters.

D.R.C.

GUY'S v. SOUTHGATE

At H.O.P., on July 5th. Lost.

Guy's 87, Southgate 88—5.

On a hard, fast pitch, Guy's got away to a promising start with Gillham and Kendrick putting on a first wicket stand of 53 in under the hour.

Despite this encouragement, Guy's batting fell apart again, not for the first time this season, and the side slumped to the meagre total of 87, due more to thoughtless batting than good bowling.

However, the team bowled and fielded well to make a foregone conclusion into something of a struggle for Southgate.

D.R.C.

GUY'S v. THE MOTE

At Maidstone, June 28th. Lost.

Guy's 152 (Goodhart 98 not out), The Mote 153—4.

Guy's again started the day with 10 men, thanks to the total irresponsibility of one would-be cricketer. Regrettably, The Mote really is the last place to go to without a full side, and, as it proved, they were too much for us.

The bright spot of the day was Robert Goodhart's face-saving 98. He richly deserved his ton mainly for his application to the job in hand and total disregard for The Mote's professionalism.

I'm afraid the Guy's bowlers troubled The Mote no more than usual apart from the ever strong Bristowe, whom Charlie Pearson bowled for next to nothing much to everyone's pleasure.

One other moment of note took place at 3.49, when a thunderous earthquake appeared to strike this county ground. The cause was soon found as Ade Gillham was seen to dive to the ground at fine leg, roll over three times, and take a very fine catch to dismiss the opening bat.

The evening's entertainment consisted of a quiet drink at a little riverside pub in the presence of 500 holiday trippers from London. However, the student fishermen amongst us enjoyed a "casting" demonstration from Pennant and Ade!

D.R.C.

GUY'S v. MADHATTERS

At H.O.P. Sunday June 22nd.

Result: Lost.

Madhatters 81 (M. Fordham 5—33, D. Crafts 4—39), Guy's 70.

That Guy's managed to lose this game is completely beyond belief. Mike Fordham bowled very well on a perfect batting pitch to dismiss a weak Madhatters' side for 81. The fielding was good and everything pointed to an easy win. Yet, against a moderate bowling attack, Guy's batted so ineptly that they crumbled to 29 for 7. Despite some stout resistance by the proverbial "tail", the side was still put out for 70.

Despite it all, the team still managed to sup and enjoy "The Pennant's" sacrificial jug after the match!

D.R.C.

GUY'S v. METROPOLITAN POLICE

At Imber Court, on July 19th. Lost.

Met. Police 185—6 dec., Guy's 78 (Crafts 37).

As in previous years, the Police thrashed us. Regrettably, again, it was proved that Guy's batters are incompatible with spin bowling. This time an average sort of leg break bowler went right through us.

Despite the seemingly doubtful wicket, the Police managed a very respectable 185. Needless to say, Guy's never even got going, and at 3 for 3 a total of 10 looked probable. However, some gallant resistance by the later order raised a vaguely face-saving 78.

D.R.C.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Dental Officer** (General Dental Practitioner grading) to carry out the dental treatment for **In-patients** in collaboration with the Dental Consultants and with attendance on six sessions per week. Duties to commence 1st October, 1969. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Monday, 18th August, 1969.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in the **Department of Dental Radiology,** with attendance on 6, 5 or 3 sessions per week. Duties to commence 1st October, 1969. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Monday, 18th August, 1969.**

Junior Lecturer or Lecturer in Physiology for Dental Students required. The post would be suitable for a Dental Graduate with scientific interests who wishes to prepare for a higher degree and to undertake research. There are good opportunities for co-operation with the clinical departments. The person appointed will be given training in conducting practical classes and seminars with Dental Students. *Application should be made on a* form obtainable from the Dean.

BREAST UNIT—NEW CROSS HOSPITAL.

A Receptionist (full-time or part-time) will be required for this new unit of 21 beds opening shortly. Post particularly suitable for Doctor's wife. Salary, full-time post of 38 hours per week, £715 (aged 23 years), rising to £981 per annum. Applications, with names and addresses of two referees, to the Hospital Secretary, New Cross Hospital, Avonley Road, S.E.14.

PERSONAL

DENTAL HYGIENIST required to work full time in a progressive three-man (Guy's and King's) practice, in an exceptional purpose-built surgery block. Own surgery and no Saturdays.—Write to J. M. Scoones and R. H. Hunt, 110, St. John's Road, Tunbridge Wells, Kent. (Tunbridge Wells 20705).

HARROW—Two Surgery practice, own technician, requires Associate, with or without view to partnership, to replace retired partner.—01-427 7229.

WANTED—One clinical student to share large flat with four others, from middle August. Central London. £5 per week, inclusive. Box No. 1/8.

WANTED—*Two/three people to share* accommodation in Orpington. £3 10s. per room, excluding meals. Ideal situation for country and Guy's (30 mins. door-to-door via British Rail). Apply—Dr. Gibbs, East Wing (Tel: MM 23594 after 8.30 p.m.).

BIRTH

EGAM—On 4th June, 1969, to Hazel (née Phillips), M.B.B.S. London and Michael Egam, a son, James Anthony.

GIBSON—On 6th July, 1969, to Jane and Terence Gibson, a daughter.

DEATH

MARTIN—L. J. Martin, L.D.S., of 28, Graham Road, Ipswich, Suffolk. Qualified at Guy's in 1926.

SHARVILL—On 18th June, 1969, Kenneth Gordon Sharvill, O.B.E., F.D.S.R.C.S.Eng., aged 73 years.

WILSON, Lynn Georgina, on 20th June, 1969, at home.

CHANGES OF ADDRESS

Revd. and Mrs. T. H. Aldridge, Mayfield, 28, West Ella Way, Kirkella, Yorks.

Anthony A. Bailey, Esq., L.D.S., R.C.S., 57, Harley Street, London, W.1.

Dr. Audrey J. Belsham, 5, Syward Road, Dorchester, Dorset.

Sq.Ldr. A. P. Blower, F.R.C.S., R.A.F. (Rtd.), "Tinkers' Close," Aylesbury Road, Wendover, Bucks.

Miss G. S. Bowers, S.R.N., S.C.N., Apartment 1104, Dysart Towers, 1960, Alberni Street, Vancouver, B.C., Canada.

Mr. I. M. Briggs, Dental Surgeon, Pressed Steel Fisher Ltd., Cowley, Oxford. With effect from 2nd August, 1969. N.B. Residence remains:—6, Almond Avenue, Leaminton Spa., Warwicks.

Goudon Brocklehurst to:— 743 West Coopee Drive, Lexington, Kentucky. and Division of Neurosurgery, Medical Center, University of Kentucky, Lexington, Kentucky, 40506, U.S.A.

Llt.-Lt. C. A. Brooks, B.D.S., R.A.F., c/o Officer's Mess, Fairy Point, R.A.F., Changi, c/o G.P.O., Singapore.

Dr. Hazel Egam, 31, Kidbrooke Grove, Blackheath, S.E.3 (Tel: 01-858 3653).

As from 1st September, 1969—Dr. T. W. Hoskins, M.A., M.B., D.C.H., "Hollowcroft," Christ's Hospital, Horsham, Sussex. (Leaving Libya on 12th August, 1969.)

Surgeon Commander and Mrs. M. C. H. Jackson, Suite 16, Queen's Hotel, Eastbourne, Sussex. Tel.: Eastbourne 22822.

Miss Linda Payne, Flat 1, Ashtead Clinic, Woodfield Lane, Ashtead, Surrey.

Dr. Llewellen G. Parry, St. Mary's Hospital, Eastbourne, Sussex.

Dr. and Mrs. C. N. Mallinson, 39 Glenluce Road, London, S.E.3.

As from 25th August, 1969—Air Vice-Marshal W. P. Stamm, C.B.E., Crownick Woods, Restronguet Mylor, Cornwall.

Captain and Mrs. M. Sutton, R.A.M.C. From:— 1st August, 1969. To:— "New Aloes", Europa Road, Gibraltar.

CORRECTION TO ADDRESS

Mr. and Mrs. D. Henry, Plot 14, Heol Trelales, Laleston, Nr. Bridgend, Glam.

Surg.-Cmdr. S. J. Wheeler, R.N. (Rtd.), Hartwell Cottage, Tarrant Launceston, Blandford, Dorset.

STAFF CHANGES AND APPOINTMENTS

APPOINTMENTS:

Mr. P. Berriman, Nurse Tutor, School of Nursing. 18.8.69.

Miss E. Burnham, Nurse Tutor, School of Nursing. 1.8.69.

Miss M. Williams, Sister, Salomon Centre, of Nursing. 18.8.69.

Miss B. R. Sweet, Obstetric Tutor, Maternity Department. 1.9.69.

Miss E. C. Brooks, Sister (2nd), Diplock. 14.7.69.

Miss M. A. Macrae, Charge Nurse, Nuffield House, Night Duty. 25.8.69.

DEPARTURES:

Miss I. M. Cleghorn, Sister, Samaritan. 31.7.69.

Miss M. Lewis, Sister, Theatres, 22.8.69

Miss M. Williams, Sister, Salomon Centre. Victoria Ward. 31.8.69.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2115

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Evelina

This year sees the one hundredth anniversary of the founding of the Evelina Hospital for Sick Children. For 100 years the Evelina has served the children and families of Southwark.

The event has been celebrated with a party at the Evelina and the publication of an excellent history of the Hospital (unfortunately not generally available) by H. E. Priestley, the well-known social historian.

The Gazette is pleased to be able to publish Dr. Philip Evans' history of the Evelina as part of the tribute to the longstanding record of service by the Hospital to its community.

Both Dr. Priestley and Dr. Evans lay great stress upon the traditions behind the Evelina as it is today but also emphasise the importance of maintaining these traditions when the Evelina is moved into the Tower.

Perhaps the greatest difference between the Evelina then and now is in the types of disease seen there. No longer are the wards full of T.B. and infections, their place has largely been taken by the metabolic and developmental conditions. In 1869 these conditions were largely unrecognised and certainly untreatable. It is the improvements in living conditions and the decrease in infantile mortality (in both of which the Evelina has played its part) that have caused this change.

The Evelina has always been a refuge for families in poverty and hardship in the Borough of Southwark and it is sad that one of the most important people to maintain the Evelina as such a refuge for children and families of Southwark, Miss Tucker, the Medical Social Worker, died just before the celebration of the centenary of the Hospital that she had served for many years and whose traditions she had long upheld.

Whatever happens to the shell of the Evelina when its patients and staff have moved to the Tower, its spirit will continue in the new, bright and clean wards that would have delighted the founders of the Evelina Hospital.

Go to ' Pot '

One of mankind's oldest and most respectable activities has been the search for substances that change the mind in various ways. To ease physical pain and bewilderment of being alive, to alter mood, especially low mood, to contract and sometimes expand the limits of mind, all these have been throughout history the hunting ground of the forbears of psychopharmacology.

However, opinion is divided on the smoking of cannabis or "pot". Some doctors believe marijuana comparatively harmless, whereas many more argue that it can and does lead to more serious and even fatal forms of addiction. The publication of a recent Government committee report, headed by Baroness Wootten, suggested that the heavy penalties for possession should be reduced. This recommendation was promptly rejected by the Home Secretary. Subsequent debates in Parliament mark a notable stage in the handling of drug dependence in this country. Meanwhile the habit spreads, particularly among teenagers and the whole drug problem "escalates". The number of narcotic drug addicts reported to the Home Office increased by 61 per cent between 1967 and 1968. This rise is partly attributable to the compulsory notification of addicts by physicians and to the fact that only specially licensed physicians may prescribe heroin, thus forcing undetected addicts to seek treatment.

British Law considers a heroin addict as a sick person entitled to drugs through a hospital, and a sick person necessarily requires protracted treatment. A severely incapacitating illness of many years' duration would be considered grave enough to warrant long-term rehabilitation, but a drug addict is thrown back to the scene of his infection within weeks of hospital admission. Adequate help for these people is, therefore, only found on a long-term residential basis, insufficient at present to cope with the problem.

When questioning how such permissiveness regarding drug-taking has arisen among young people, look to the pop-idols who use drugs openly, and the sensational publicity given to drug users. At an impressionable age when many young people rebel against authority, or endeavour to assert their own individualities, drugs are brought to their attention as part of "the scene". In most cases these young addicts are unaware of the risks involved, illustrated by the comment of a 14-year-old American girl in a recent report on drug addiction from the United States, "we prefer marijuana to booze because it's less fattening".

Bell, Book and . . . .

We have received an enquiry from a reader that we are unable to answer. We should much appreciate any suggestions or answers that other readers may be able to supply. The question ran as follows, "Could you very kindly let me know when was the last time a bell was rung at the end of a Ward at Guy's while (or maybe before) a surgeon operated with or without anaesthesia?"

International Prize Winner

The Guillermo Martorell Oliveras Memorial award, which was awarded for the first time at a recent meeting of the International College of Angiology held in Rome, has been instituted as a memorial to a young Spanish physician whose promising career was ended tragically in an accident. It is awarded for the best paper by a young Investigator given at the meetings of the College of Angiology.

The Prize was awarded to Dr. D. E. Fitzgerald, of the Department of Medicine at Guy's. His paper, written in collaboration with two Dutch workers, was entitled "Report of Platelet Aggregation Characteristics in Patients with Coronary Artery Disease and in Controls." We offer our congratulations to Dr. Fitzgerald on his award. So much for the old fable of Guy's reputation resting on the shoulders of older generations only.

Gates

When the G.L.C. approved the closure of the Great Maze Pond to the east of Guy's, great iron gates were put up at the junction of Great Maze Pond and St. Thomas Street. It appears that it was rather too much to expect long-suffering porters to swing these heavy gates to and fro many times a day to admit anyone with legal access to the Hospital grounds. The answer to the problem was to erect, just eight yards inside the main gate, a red and white striped continental type crossing gate. This, with the aid of a counterweight, could be raised or lowered almost at the touch of a finger. Perfect, one would have thought. A vehicle arrives, credentials are checked, the vehicle and driver are cleared for access to the inner sanctums, and the red and white barrier swings gracefully from the horizontal to the vertical. Unfortunately, the return journey was not so graceful and the pole would descend, accelerating, until it landed firmly in the rest, bounced twice and settled back into the horizontal. This abrupt halt to a speedy descent repeated, as it was, many times a day, eventually caused the demise of the red and white striped pole.

Since that time the Great Maze Pond entrance has been a combination of a trial ground for "Which—road barriers" and a viewing ground for the Council of Industrial Design (Road Barriers Department).

Many and varied have been the gates and the mechanisms upon which they have been based. The present rather sleek affair in welded aluminium, pivoting on a horizontal arc, is surviving better than most. But isn't it about time we had a clinical trial?

THE EVELINA HOSPITAL

HISTORICAL

by

Dr. Philip Rainsford Evans

Quiz

A. What are—

1. Morrant Baker's cysts?
2. Makin's murmur?
3. Lucas's groove?
4. Lucas's sign?
5. Playfair's treatment?
6. Fenwick's disease?

B. What have the doctors named in the eponyms in common?

The answers to A. 1–6 are given at the end of this article. B. can be answered in various ways, one being to say that they were all members of the staff of the Evelina.

The guessing game can be continued, e.g.:—

C. Which member of the staff became—

1. President of the Royal College of Surgeons (Sir Henry Howse).
2. President of the Royal College of Physicians (Sir Frederick Taylor, Bart.).
3. Registrar of the Royal College of Physicians (Sir Harold Boldero).
4. The first surgeon to remove the appendix during life (Sir Charters Symonds)—and so on, bringing in the other baronets (James Goodhart, Charlton Briscoe) and knights (Prescott Hewitt, Nestor Tirard and G. H. Makins). Most of these distinguished gentlemen were on the staff in the earlier years of the hospital's life ; since then we have lived in the age of the common man.

The "How" and "Why" of the Evelina

How did the hospital come into being and why was it called "Evelina"? Hospitals for sick children were late developments : the first was founded in Paris in 1802. In our own country a hundred years ago, 27 per cent of boys born died before they were five years old (now 2 per cent). Southwark was particularly filthy and unhealthy and before any children's hospital existed in London, Dr. Golding-Bird, of Guy's, established out-patient clinics for children and a small ward in an old house in Sutton Street, but it did not last long, so that the first real children's hospital in London was founded in Great Ormond Street in 1852. The Evelina, in 1869 was the fourth in London and the nineteenth in Britain but it was unusual in being built for the purpose instead of being fitted into a pre-existing house. It was founded by Baron Ferdinand de Rothschild.

Baron Ferdinand de Rothschild

Baron Ferdinand is epitomised in the Dictionary of National Biography as "virtuoso". He was Viennese by upbringing and English by choice. He was up at Trinity College, Cambridge, with the Prince of Wales, later Edward VII. On 7th June, 1865, Baron Ferdinand married his second cousin, Evelina. The Prince had already married

and in due course Princess Alexandra was delivered of a boy by Dr. Arthur Farre of King's College Hospital, a distinguished man, who was a F.R.S. and became Senior Censor of the Royal College of Physicians. In 1866, Baroness Evelina was involved in a railway accident. She went into labour prematurely. Dr. Farre and Dr. West were called but on 4th December, mother and baby died.

Baron Ferdinand did not re-marry. He initiated and supported charities as well as becoming a great collector. Both collection and house (Waddesdon Manor) now belong to the National Trust. He decided to found a maternity hospital in memory of his wife and asked Dr. Farre to design it, but was persuaded to establish a children's hospital instead. Just who determined its site is not clear. King's College Hospital was then in the Strand and Baron Ferdinand lived in Piccadilly, neither would have had any reason to travel south of the river. It was said that Evelina Rothschild and her mother used to visit "a certain London hospital"; perhaps it was Guy's. At all events, the Evelina was founded on its present site and opened in the same year as Girton College, the Suez Canal and Blackfriars Bridge.

The Baron became President of the Committee of Management. For the first three years, the hospital was his private property and for many further years he and his family subscribed heavily to it. He died in 1898. It was recorded in the Annual Report: "On the occasion of the last Festival Dinner, he most frankly pointed out how often it had been suggested to him to wipe out the debts of this and various charities with which he was connected; but had he acceded to this, the result would undoubtedly have been to weaken the charity and paralyse the energy of the Committee." Thirty years of constant support had gone by and the hospital was the poorer in the loss of his interest. By his will, its capital was increased to the tune of £100,000, to compensate for loss of his annual subscription.

The inception of the hospital was recorded in *The Lancet* of 19th June, 1869. "The Medical Charities of London have in this week received a valuable addition in a new Children's Hospital. The Institution to which we refer and which was inspected on Tuesday . . . is calculated to hold a hundred beds. . . ." (At present, 80). "As it was only possible to secure a small and irregularly shaped piece of ground, it was found necessary to design a building so as to take advantage of the limited site." (A tactful reference to the curious shape of the hospital.)

"The hospital consists of four storeys. Two of these are devoted to the reception of patients, the ground floor being the accommodation of the House Surgeon, Matron and certain ladies who have undertaken the management of nursing." Presumably they were the equivalent of Sisters, for "sleeping rooms for the nurses and servants were on the attic storey with a quarantine ward for doubtful cases . . . there is an extensive basement storey, which contains a range of kitchens and offices . . . various out-buildings—wash-house, disinfecting oven, post mortem room, etc. . . . There are separate kitchens for Jews and Christians." (All one now and no "handsome ward . . . set apart for Jewish children, the rest of the hospital for Christians".)

To continue: "The two storeys devoted to patients are arranged on the same plan. Along the length of the building runs a single, very handsome ward, 100ft. by 24ft. and 14ft. high. . . . At the other extremity, is a playroom and beyond this, two large and cheerful rooms, one of which will be for cases of whooping-cough and its complications—a novel feature in children's hospitals, and the other probably for infants under a year old."

The first detailed Medical Report was published in 1885 over the name of Frederick Taylor, the future P.R.C.P. It showed that ten times as many in-patients came from London south of the Thames as from the north, while 10 per cent came from the country, from Devon to Dover.

1907—Medical Ward.

Many of the ailments mentioned in the reports do not come our way at all in 1969, e.g. diphtheria, typhoid fevers, starvation, congenital syphilis, tabes mesenterica and strumous cystitis. At Guy's Hospital, Clement Lucas, who was also at the Evelina, had a few years before "proposed after much thought to attempt, as the only way to save the sufferer's life, to remove a tuberculous kidney". The operation was completely successful. Kidneys were subsequently removed at the Evelina but the operative treatment of tuberculosis more often consisted of incision of abcesses and excision of joints and of glands in the neck. The disease long maintained its dreadful hold. Of 143 deaths in the hospital in 1890, 94 were due to tuberculosis.

The Medical Report for that year notes that most cases admitted have been of a very serious nature ; that a very large number of cases of whooping cough have been admitted, this being the only Children's Hospital where children suffering from this disease are admitted; that the rule regarding the admission of children under two years old has been relaxed because on many occasions the infants have been absolutely too ill to leave the out-patient room, so that it is not surprising that half the total number of deaths occurred in children under two years of age ; that "27 children died within 24 hours of admission and as many as 38 within a period of 48 hours. All these cases were nearly hopeless when admitted, several having died within an hour ; they should therefore hardly be quoted as deaths occurring in the hospital. 74 deaths occurred in children under two years of age, and in 24 of these the children were under one year old."
Admissions in 1890— 656. Deaths—143. Death rate— 22 per cent.
Admissions in 1968—1,832. Deaths— 11. Death rate—0.6 per cent.

The children who did not die stayed in hospital for long periods, in the absence of specific treatment. Figures are not given for 1890, but

In 1886: average duration of stay in hospital—41 days.

In 1968: average duration of stay in hospital— 9 days.

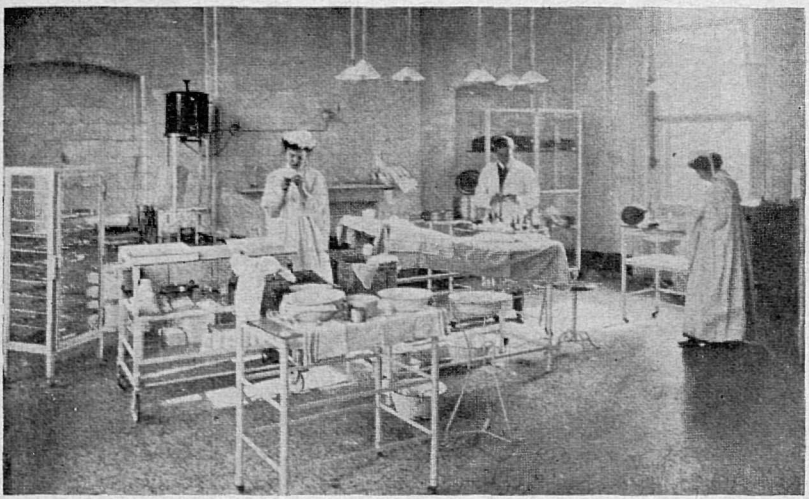
What a boon for the long-stay patients it would have been to have had a school in the hospital. Florence Nightingale proposed it, in 1863, but we did not get it until the London County Council established the Guy's-Evelina Hospital School in 1948/49. I believe that this was the first school to be introduced into an "acute" hospital, although in long-stay hospitals for children with tuberculosis, rheumatic heart disease, etc., schools had been the general rule for many years.

The surgical work of the hospital was outstanding. In the first Medical Report in 1885 we read, "It is worthy of remark that out of 380 operations performed by the Surgeons in the last three years, there have been only three deaths, viz., one from Measles after operation, one from Tubercular Meningitis after operation and one from Shock." A great measure of this astounding success must have been due to H. G. Howse. He went to Edinburgh in 1870 to make a careful study of Lister's antiseptic methods and introduced them into Guy's when he was appointed Assistant Surgeon in the same year. Guy's became the first London hospital to adopt Listerian technique, which no doubt Howse took with him to the Evelina when he joined its staff in 1873.

A distinction was made between "operations performed by the Surgeons" and other operations. Presumably, these were done by the residents and we read of "four tracheotomies, one of which recovered". These would have been for diphtheria. There were also six "other operations" for empyema, now rarely seen because of antibiotics.

By 1890, the number of operations on in-patients had nearly doubled. In 226 operations, "abdominal section has been practised

three times, twice with success" seven years after the first appendicectomy. Chloroform was used on 253 occasions—presumably the excess over operations was for painful dressings, probings or manipulation. During the year, 708 minor operations were performed in the Out-Patients Department, with chloroform in 279. One of the most recent developments of surgical practice has been to send home on the day of operation, children who would at one time have been kept in for 10–14 days. The pioneer in this work has been R. S. Lawrie at the Evelina.



1907—Operating Theatre.

Total number of operations in 1890— 934
Total number of operations in 1968—1,151

The number of out-patients seen was enormous. Compare :

In 1885 : New out-patients—12,010. Total attendances—40,812

In 1968 : New out-patients— 2,860. Total attendances—14,141

Many of the old patients must have been seen in the time it takes to say, "How is he?" and to write "Rep mist". Such speed would now be condemned, but then it was necessary. The late Dr. Robert Bridges, Assistant Physician at Great Ormond Street and later Poet Laureate, worked in this era and was a fast performer. As casualty physician at St. Bartholomew's he saw one patient every $1\frac{1}{4}$ minutes, but had to invent a hieroglyph system in order to keep adequate notes.

The second Medical Report was the work of George Carpenter, who became a well-known children's physician. He took great interest in the Society for the Study of Diseases in Children, and contributed on the average 20 short papers to it each year, a record which no

modern has excelled. The Society still exists as the Paediatric Section of the Royal Society of Medicine.

In 1869, the Medical Committee was given leave to apply to the University of London for recognition of the Evelina for instruction of medical Students. Nothing came of it, Baron Ferdinand was opposed to this use of the hospital. He wanted to help the sick poor. There was a move to join Guy's and the Evelina in the 1930s, but it failed because the Guy's consultants did not want the Evelina consultants to become members of the Guy's staff so easily.

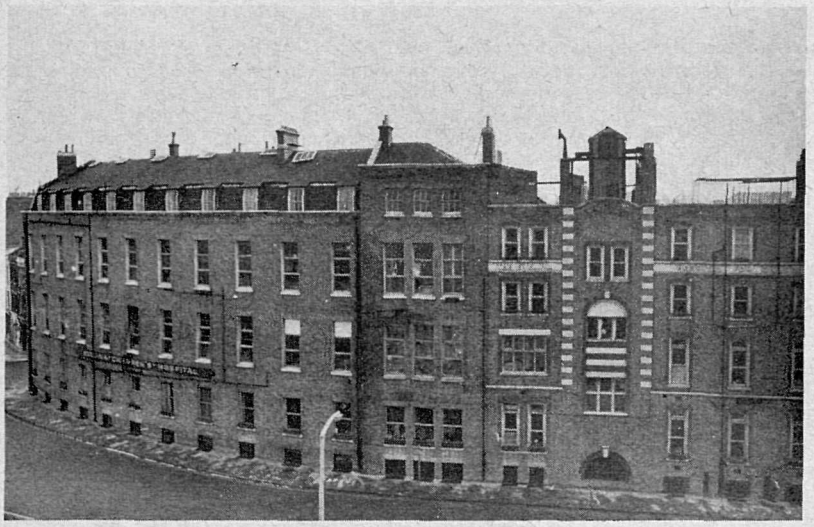
1940—Bomb Damage.

During most of the 1939/45 war the hospital was kept at a low ebb because of danger of bombing and was used as a First Aid Post. It was largely run by P. E. Polani, who started as a house surgeon in 1941. In 1946, he became Medical Tutor when, thanks to the efforts of the late Professor R. W. B. Ellis, Guy's students first went there for regular teaching. In 1947, the Boards of Governors of Guy's and the Evelina drew up and signed terms of amalgamation so that when the National Health Service Act came into force in 1948 the smaller institution was designated a Teaching Hospital in association with Guy's.

Amalgamation also unified the Nurse Training School. By 1872, the hospital was "staffed by nurses and lady pupils", later still a cadre of private nurses was maintained. Under the Nurses' Registration Act of 1919, the hospital received immediate approval as a complete Training School for the sick children's part of the new register. The

last three-year course for R.S.C.N's. (Registered Sick Children's Nurses) began in 1963, then it was replaced by a 13-month post-graduate course.

One group of pupil nurses designed the caps which grace our charming girls. Such initiative exemplifies the attractions of a small hospital. It is easier to get to know people, speech is freer and although there is often a lot of work to do, the atmosphere may be less busy and more serene. However, as medicine becomes more effective it becomes also more complicated, and the small hospital is at a disadvantage, for it cannot provide all the services required. Old faults that have been tolerated may be put right (there was not one isolation cubicle at the Evelina in 1947, and when we put five in, we could not afford to put basins and running water in them). To the children's wards in the Tower Block at least one of the unique features of the Evelina will be handed on—it must be about the only children's hospital without balconies.

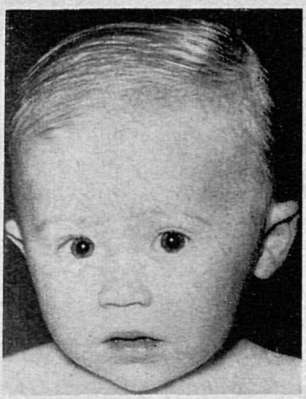


Evelina Today.

We must hope that some of the happy features will be passed on too. The wards on the ninth, tenth and eleventh floors of The Tower will be sandwiched between the Obstetric Wards and the Paediatric Research Unit, an ideal arrangement, provided that the people of the Borough still look on the Tower Block as *their* hospital. Much will depend on the character and ease of access of Children's Out-Patients and Casualty.

[Photographs reproduced by permission of Dr. P. Evans, Dr. M. Joseph and the Department of Medical Photography.]

1. P.C. aged 8 months just prior to total correction of Fallot's tetralogy.



2 P.C. aged 1 year.

3. P.C. aged 10 years.

SUMMARY:

Severe Fallot's tetralogy. Total correction carried out at Evelina at age of 8 months. Uneventful recovery, except for paralytic ileus. Follow-up to age of 10 years shows mild exercise intolerance and mild right out-flow obstruction. Child is pink and heart virtually normal.

The Hume Kendall Trust

Readers will be glad to know that this Trust is now firmly established. Those who took the initial steps in setting it up had in mind the establishment of a memorial to the late Patrick Hume Kendall and a means of assisting the Kendall family and the families of other "Guy's Men" who, because of the permanent incapacity or premature death of the head of the family, may be in need of help.

The Trust comprises two funds, viz.:—

1. **An Educational Fund**—which is a recognised charity—available to assist with the education of children including their establishment in a professional or business career, and
2. **A General Fund**—which does not qualify for charitable status—but which is available to assist in any other way.

The Chairman of the Trustees is Mr. A. E. Orchard-Lisle (Vice-Chairman of the Board of Governors of the Hospital) and the other Trustees are Dr. C. G. Baker, Mr. G. M. Croll (an old family friend of Patrick Hume Kendall), Professor R. D. Emslie, Dr. P. J. Helliwell, Dr. J. C. Houston, Dr. K. S. Maclean and Mr. S. H. Wass.

The generous response from Guy's community throughout the world, and friends of the hospital (including many former patients of Patrick Kendall) has enabled Mrs. Kendall and her three sons to settle comfortably in their new home at Lingfield, Surrey, and the Trustees to ensure that the boys will continue their education as their father would have wished.

The Trust is a permanent one and will continue to assist the Kendall family and other families who may be in similar need in the future and will remain open to receive donations, subscriptions under Covenant, and bequests. The Secretary to the Trustees is Mr. E. Warburton, F.C.A., Counting House, Guy's Hospital, London, S.E.1, who will be pleased to deal with any enquiries concerning the Trust.

Answers to the Quiz

A. 1. Cysts around the knee joints in osteo-arthritis.

2. Murmur heard over an aneurysm.

3. Groove sometimes found on the sphenoid bone, accommodating the chorda tympani.

4. Abdominal distension in early rickets.

5. Treatment by rest—the "rest-cure".

6. Primary atrophy of the stomach.

B. Furthermore, they are all in the Faber Medical Dictionary.

Welfare Services for the Elderly

Some Consumer Research at Guy's

This report is the result of a small survey carried out by Miss Corby, Student Supervisor, and six Social Work Students who were on a nine month fieldwork placement in the Department of Social Work at Guy's. All the students had varied previous experience of working in the Local Authority Welfare Services and at the end of their placement at Guy's had also considerable knowledge of social work practice in a hospital setting.

The Seebohm Report (which reviewed the provision of Welfare Services within the Local Authorities and made recommendations about re-organisation) raised the whole question of a comprehensive Welfare Service. Discussions on this subject have been held within the Department of Social Work and we have concentrated on considering how the needs of hospital patients might best be met. We have given some thought to the question of whether the patients' need might best be served if they were to be dealt with by a Social Worker from the Local Authority coming into the hospital. We soon discovered that we had little real knowledge of how many patients coming into hospital might already be known to Social Workers from the Community or, indeed, how the patients themselves felt about the way their social needs might best be met. It was decided, therefore, to attempt to do some consumer research on these points by consulting a sample of the potential recipients of welfare services whilst they were in-patients in the hospital.

The elderly are a group who might be expected to make heavy demands on the Welfare Services and have the merit of being readily definable (women over sixty and men over sixty-five) so we selected this group for investigation. In a given week (4th to 11th June, 1969) we saw all elderly patients in the wards at Guy's who had been admitted from the Borough of Southwark. We wanted to discover whether those patients already known to a Local Authority Worker wished to maintain this contact in hospital rather than be seen by a Medical Social Worker, should the occasion arise. We also hoped to gain some idea of how much these elderly patients already knew of the services available, or alternatively, how they might try to find

out about them. The sort of services we thought the patients might know of were:—

Personal support and visiting by a Local Authority Worker.
Home Help.
Meals-on-Wheels.
Holidays for the Handicapped.
District Nurse.
Clubs for the Elderly and Handicapped.
Chiropody Service.
The provision of Aids to Mobility and Equipment in the Home.

We learned from Southwark Welfare Department that they keep a joint register of the old and physically handicapped and that this has more than doubled in the last three years. They take no steps to inform the public of what is available by means of direct publicity or information but take referrals of people thought to be in need from many sources, such as General Practitioners, Caretakers of flats, milkmen, postmen, etc.

Findings

In the chosen week the total number of beds in the wards visited by us was 563. There were 81 elderly patients from Southwark in these wards and in addition 83 elderly patients of pensionable age living in other areas (164 elderly in total). Our group of 81 patients from Southwark was therefore 14 per cent of the whole. However, 11 of these patients could not be seen because they were confused, too ill, or unavailable and were not included in the sample on this account.

We were left then with 70 patients as follows:—

60—69 years

	Men	Women	Total
Southwark Elderly in Guy's	17	24	41
Confused, etc.	2	3	5
Sample seen	15	21	36

50.6% of Southwark Elderly (81) in this group.

70—80 years

	Men	Women	Total
Southwark Elderly in Guy's	8	23	31
Confused, etc.	2	2	4
Sample seen	6	21	27

38.3% of Southwark Elderly (81) in this group.

Over 80 years

	Men	Women	Total
Southwark Elderly in Guy's	3	6	9
Confused, etc.	1	1	2
Sample seen	2	5	7

11.1% of Southwark Elderly (81) in this group.

Of these 70 patients, 21 (23%) said they were known to a Local Authority Worker prior to admission and 6 (8%) of the 70 wished to see their Welfare Officer whilst in hospital. The remainder seemed to feel that it was immaterial because they felt adequately cared for in hospital and could see no reason for receiving a visit from someone outside the institution. We felt this attitude might be atrributable to the fact that they had, on average, seen the Local Authority Worker at widely spaced intervals of about three months and that no close personal relationship had been formed. We made some enquiries about the confused and found that at least a proportion of them were known to the Local Authority prior to admission.

Apart from the confused 18 (11%) were found to be in receipt of Welfare Services, over and above that of a Social Worker and 9 (12%) received visits from a Social Worker and no services. We were interested to know how they had come to know about the services and found a wide variety of reasons:—

2 Hospital Doctor.
2 Voluntary Organisation
4 G.P.
3 Neighbours and friends.
5 Social Worker.
2 Medical Social Worker.
3 Relatives.
3 Common Knowledge.
3 Do not know.

We went on to discover that a large proportion (42 or 60%) were having no contact at all with either a Local Authority Worker or other services, and asked these patients whether they were aware of the services available and how they might set about obtaining them. Twenty-four (or 34% of group seen) said they knew and there was considerable variety in response to the question "Would you know how to obtain them?"

6 Through Common Knowledge.
4 Through Town Hall.
3 Through Neighbours.
2 Ministry of Social Security.
2 Through Relatives.
1 Through G.P.
6 Do Not Know.

Because the elderly living alone are commonly thought to be "at risk" we related those receiving services and/or Social Worker to those living alone and found that 12 of the 36 people living alone were in receipt of either or both of these.

LIVING ALONE RELATED TO RECEIPT OF WELFARE SERVICES

60—70 years

	Alone	% Alone of those in this Group	Alone but not receiving Services
Men ...	6	35%	6
Women ...	12	50%	10

70—80 years

	Alone	% Alone of those in this Group	Alone but not receiving Services
Men ...	1	12%	0
Women ...	12	50%	4

Over 80 years

	Alone	% Alone of those in this Group	Alone but not receiving Services
Men ...	2	66%	1
Women ...	3	50%	1

We made a subjective assessment of our patients' social needs and from this felt that the 60—70s' needs were being adequately met except for some few problems of adjustment. With the older age-groups the potential need appeared to be primarily environmental, such as planning for discharge and re-institution of service.

We found from our records that 18 (24%) patients were already currently known to Medical Social Workers, but were surprised to discover that of this number only 8 had comprehended that they had in fact had contact with a Social Worker! Patients not already known to the Department, when asked if they would like to see a Medical Social Worker seemed to conclude that there would only be call for this if they had financial problems or need Home Help on discharge. The women appeared to feel threatened by any inference that they might possibly need Home Help or not be able to cope with their domestic chores on return home.

Conclusions

As Social Workers we found ourselves somewhat hesitant to question patients without proposing to offer them some form of service or a supportive relationship. In the event we were gratified to find that this did not cause difficulties and discovered that, on the whole, the patients participated willingly in the interviews and, indeed, appeared to enjoy the experience.

Our overall impression was that surprisingly few of the elderly patients were in touch with the Local Authority Department or in receipt of services, although it must be borne in mind that a high proportion of the sample are only in their sixties. Although quite a number (two-thirds) had a limited knowledge of the services available,

the fact that they also had little notion of where to obtain them suggests that their true knowledge was of a hazy and superficial nature. Relatives and neighbours appear to have been the chief informants, which leads us to believe that if there is to be publicity it should be directed at the general public rather than being confined solely to the elderly themselves.

Whatever their age Guy's patients are only seen by the Medical Social Worker when referred for a specific need. This referral in most instances would come from the Ward Sister or Houseman. There seems to be some misapprehension on this point as workers both inside and outside hospital commonly presuppose that all the elderly in hospital are seen by the Medical Social Worker as a matter of routine.

Our findings gave us food for thought : the elderly seem to think that the Medical Social Workers' function is to deal with financial need or domestic help, whereas, as Social Workers we are aware that their problems are often more extensive than this. It came home to us again how heavily we rely on the Ward Staff to detect these larger problems.

We wondered whether, because of the timing of the survey in mid-summer, there might be an unusually small proportion of elderly patients in the hospital but from a random sample of the number of Old Age Pensioners in Guy's at various months in the year there was no real evidence that this was the case.

From our small sample then our conclusions seem to indicate that there is no great demand by patients to see their Local Authority Workers whilst in hospital and if they have an immediate problem it seems immaterial to them whether this is dealt with by a Community Worker or a Medical Social Worker. Knowledge by this group of elderly patients of what is available to help them in case of social need is sketchy but, as far as they are concerned it would seem that it is the provision of the service rather than the source which is important to them.

To conclude and summarise : we have been quite surprised by the apparent lack of knowledge of, or contact with, Local Authority social services. Considering this, we feel that it possibly illustrates that our sample was rather over-represented by the "young elderly" (60—70 age group) and by those who had been hospitalised by an acute medical condition. Maybe a higher percentage of those known to the Local Authority would be found in a hospital like New Cross Geriatric and Rehabilitation Units where the patients are rather older and with longer standing medical and social problems. This would seem to indicate the usefulness of a more comprehensive and controlled social research for the purpose of administrative planning.

In thinking about our initial aim in doing this small survey, it may be that, although we appear to have made an unwise choice as to the location of it, we may also have stumbled upon a useful way of contacting the elderly at a point which may coincide with their first social breakdown. Following on from this it may be that this

first appearance of the "young elderly" as acute cases at Guy's could be used in some way to discover potential social malaise and, perhaps, to prevent later deterioration into more severe social difficulties. One way of utilising this situation would be for such patients to be automatically given, on discharge, a prepaid postcard giving brief details of Local Authority services. In the event of a need arising after return to the community the patient would have the knowledge and means of communicating with their Welfare Department by simply posting the card and requesting a visit. As one of our most striking findings was the lack of awareness of the services available it is important we should use a variety of methods in our attempts to reach those members of the community who are potentially "at risk". With this in mind would it perhaps be worth while having discussions between the parties concerned, both inside and outside the hospital, to consider whether it might be practicable to initiate some such scheme as we have described above?

Patricia Corby
Jean Armstone
Joan Faucheux
Roy Hutt
Patricia Lane
Richard Robbins
David Stembridge

MOTOR MEDICA

By Harry Scott, L.D.S.

Fiat 125 Special

Mitte. Compact five-seater, very fully equipped, 100 b.h.p., five-speed gearbox, iodine vapour lights, heated back light, radial tyres, good finish, conventional layout, 0—60 12 secs., 105 m.p.h. £1,203.

Somewhat square in shape, the body is smooth and well finished. Front suspension is by coils and wishbones, and rear semi-elliptic springs and radius arms. The 1,608 cc. engine has twin overhead camshafts driven by a cogged belt, and the all-disc brakes have a dual circuit system.

Accessibility under the bonnet is good, except for the low mounted dipstick. The boot is large, despite having the fuel tank on the right side. Spare wheel and tools are beneath the floor. Both bonnet and boot are illuminated by separate lamps when opened. Inside there is an air of luxury, with looped carpets on the floor and comfortable seats upholstered in P.V.C., with cloth centre sections. The front seats are reclined by a knob which is lifted for coarse, and turned for fine adjustment.

Instrumentation is lavish on the matt black fascia, tachometer is optional, but I feel necessary. There are warning lights for indicators, lights, main beam, handbrake, low fuel, oil pressure, ignition, heated back light and choke. Hand throttle, choke and bonnet release are on a neat panel beneath the fascia. Two stalks on the left of the wheel control lights and indicators, and one on the right the wipers which can be continuous or intermittent at five second intervals. Combined wiper and washer pedal is situated beside the clutch. Heating and through ventilation is most efficient, and there is good storage space, including a lockable glove box.

Su Strada

Both driving position and vision are excellent, aided by the heated back light, and all the minor controls are easily reached. The handbrake and gear lever are ideally placed, but the relationship between the brake and accelerator pedals is poor as the foot has to be lifted off the accelerator on to the brake. This means that the whole leg must be raised to "heel and toe". The brakes themselves are very sensitive and, although inspiring confidence, must be used with very light pressures. The steering is precise, but a little "dead" in the normal FIAT manner.

When driving over undulating surfaces the 125 must be kept straight by small corrections continuously, and it doesn't like steep cambers. However, its handling, wet or dry, over good roads is exemplary. The body shell feels very solid and the car behaves well over potholes. The handbrake held well on the test hill, the FIAT accelerating away very rapidly. The five-speed gearbox has short, crisp movements but reverse (for which the lever is lifted) is awkward to engage. However, as 50 is available in second and 80 in third, and there are two left to go, it shows that the FIAT is no mean performer. It is fairly tractable in fifth, but for best results, as with many Italian cars, the revs must be kept up and the gearbox **used.** In these circumstances the engine is noisy, but overall this is a quiet car with little wind or road noise. The iodine vapour head-lamps are like daylight on full beam, but have a sharp cut-off on dip. Maintenance is required every 6,000 miles, spares and servicing are reasonably priced.

In its class the 125 Special is well up in acceleration and speed, it is well made and of a very handy size. Typically Italian, with strong good and bad points (at least you know where you stand!) I find it, on balance, a good example of the modern European "performance compact" saloon, built to cruise at 100 m.p.h. in civilized countries.

CORRESPONDENCE

Unscientific Scientology

SIR,—The remarkable article by Dr. Steve Jarvis (June 21st) and the subsequent and entirely understandable dismay and perplexity of an old Guy's man who wrote in a subsequent number of the *Gazette* (July 5th) were awaiting my return from a brief period of absence from this unit. Editorial policy is of course to publish without commitment to the validity of the views expressed provided the Editors think they may stimulate thought or otherwise be of interest.

I cannot comment on Dr. Steve Jarvis as an exponent of his chosen subject, since I have no idea who he is. But I was delighted to see immediately under a very reasonable enquiry from Dr. Membrey, a crystalline and succinct anticipation of his request for enlightenment, from the present Secretary of the Students' Psychological Society at this Hospital. Whether another article from Dr. Jarvis would in fact be justified, I am quite happy to leave to the Editors: but as one of Mr. Kraemer's teachers, it is comforting to see proved that we may well be teaching our students to ask the right questions when confronted by problems within the sphere of our teaching. I could not improve on Mr. Kraemer's letter except by endorsing his observation that references to published work are conspicuously absent, but abundantly available, on the topic chosen by Dr. Steve Jarvis, whoever he may be.

Yours, etc.,

DAVID STAFFORD-CLARK.

York Clinic,
Guy's Hospital,
London, S.E.1.

First Class Delay

SIR,—A few days ago I received a letter delivered at St. Olave's Hospital which had been written and dispatched from the University of Birmingham on the 3rd January, 1969. The envelope was correctly addressed, bore a fivepenny stamp and had been endorsed at Guy's with the words "not dental".

Investigations have failed to disclose the cause of the delay, and I would suggest that this ranks as a record.

JOHN D. BUXTON.

17, Upper Wimpole Street, W.1.

REVIEWS

"HAEMATOLOGY IN DIAGNOSIS AND TREATMENT."

This book, by three authors associated with University College Hospital, is designed to integrate clinical and laboratory haematology especially for undergraduate students and those who have graduated recently. It covers all the conventional topics of a haematology text book, but gives special emphasis to those topics of interest to the authors. For this reason the haemoglobinopathies and haemolytic anaemias are given disproportionately large amounts of space, but these chapters perhaps provide the best reason why one might purchase this edition or else refer to it in a library.

As a whole the book is marred by a very large number of spelling and other mistakes, e.g. de Guiglielmo (di Guglielmo), melphelan (melphalan), pirimidone (primidone), Stuart-Power (Stuart-Prower), but these are mainly minor irritants due to careless proof reading. Some of the errors, however, are important, e.g. "Adrenal corticosteroids are used by many physicians in conjunction with antimetabolites in the treatment (of acute leukaemia), but a Medical Research Council trial investigation (1965) into their value could find no statistical evidence to support their use." Not only is the reference wrong as regards the date, but it is incorrect as regards the finding of the trial. The normal range for serum B_{12} is given as 110-1000 uug/ml on page 53, and 150-900 on page 117, serum folate values are given consistently in ug/ml (instead of mug/ml) and many of the historical aspects of haematology linger, e.g. ESR's read at 1 and 2 hours; haemoglobin values expressed in %; mean cell diameters; carbachol given during Schilling tests. For a haematology text book the colour illustrations are of extremely poor quality.

The next edition of this book should prove a useful addition to the student's library. As regards this edition, there is a copy in the Will's library which should be read for its chapters on the haemoglobinopathies and the haemolytic anaemias. However, as regards a text book for purchase by students, there are several better ones available at present.

J.L.R.

SPORT

GOLF

GUY'S v. ST. THOMAS'S

Quarter Finals of the Hospital Cup.

Result: Guy's won 3½ points—1½ points.

Sundridge Park Golf Club—Wednesday, 23rd July.

Guy's brought their ace side to tackle a very good St. Thomas's team. Dai Davies played great golf after a shaky start to hammer their number one 5 and 4, thus avenging his defeat in the play-off of the University Championships last May—his opponent then being the same person.

Dai Rowley-Jones had a tough opposition and failed to win, though he played well. Neil Davies, playing number three, had a very good match; he shot a fine 73, but only managed to half the match.

Our ever-faithful captain, David Elliott, going through a good spell, played excellent golf, his immense power demoralising his opposition, beating him a comfortable 4 and 3. His captaincy this year has given Guy's the moral boost it has needed for the past few years.

Last, but not least, came Andrew Ross, a relative newcomer to the side who did a fine job in holding his own to win 3 and 2.

Guy's now have a strong team who have proved themselves over the season to be one of the best for several years; let's keep it that way.

TABLE-TENNIS

The 1968-9 table tennis season ended with Guy's I 3rd equal in their division, Guy's II 4th in their division, and Guy's III a lowly 5th in the bottom division of the University League. The first team result was disappointing, since they beat Woolwich I, the team who finished top. The results, however, reflect the percentage availability of players far more than their playing talent. Kenneth and Calvin Wang were unbeaten throughout the season for the first team—an outstanding achievement. Indeed, at full strength, the 1st team were never beaten. A big disappointment was the number of times that opponents failed to arrive, especially against the second and third teams. The resulting frustration has given birth to a plan for an inter-hospital league which would surely induce a far greater sense of competition in all who took part.

The season ended with the annual staff v. students' match, which was, by general concensus, a big success. For the students, Ian Leaver, Brian Levy and Miss Gibson took on Dr. Osborn, Mr. Lam and Miss Healey in Team "A", whilst Brian Smith, Miss Bailiff and Miss Mainwaring battled against Dr. Gaunt, Miss Ivany and Miss Clark-Lens in Team "B".

Intense rivalry gripped all the players, although the chivalry of some of the gentlemen players, and here Dr. Gaunt deserves a special mention, was in the best tradition of such encounters. The staff departed with all the honours, the "A" team winning 8—2 and the "B" team 7—3. Ian Learner won two very hard matches, but lost a tight contest to some superb defensive play by Dr. Osborn. Mr. Lam and Miss Healey swept all other opposition before them without the loss of a single game. The "B" team match was notable for some fine hitting by Mrs. Ivany, some hard work from Dr. Gaunt, and some ice-cool nonchalence from Miss Clark-Lens. The students, however, were not without honours, Brian Smith just outstaying two determined opponents, Miss Bailiff being plucky in her most welcome appearances, and Miss Mainwaring achieving a notable victory over three games, thus surprising herself and ensuring some secret coaching before next year's match.

The President and several supporters were present to enjoy the evening, and thanks are especially due to Brian Levy for all the donkey-work of organisation. The students gave notice of a stronger team to be fielded next year, and a special appeal is extended to any female players who would like to play for them, not to be slow in stepping forward. Any student who would like to play for Guy's, however infrequently, would be most gratefully added to our pool of players from whom three teams must be found every week in the winter. This year, a club dinner and free tickets to international matches will be available to anyone at Guy's who plays for the staff or the students during the season. September will see the match for the technician's cup and the annual individual tournament, and it only remains to thank all those in the club, especially the secretaries, who made this season possible.

N. HARRADINE.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, LONDON S.E.1.

Aplications are invited for the post of **Locum Registrar** in Ear, Nose and Throat Surgery, with duties to commence on 1st September, 1969, or as soon as possible thereafter, and appointment until 30th June, 1970. Applicants should hold the Fellowship of one of the Royal Colleges of Surgeons. Forms of application are available from the Superintendent, Guy's Hospital, S.E.1 and should be returned by **25th August, 1969.**

GUY'S HOSPITAL, LONDON S.E.1.

Aplications are invited for the post of **Registrar** (middle-grade) in Obstetrics and Gynaecology, with duties to commence on 1st October, 1969 and appointment for a period of one year in the first instance. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1 not later than **25th August, 1969.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited for a post of Lecturer or Junior Lecturer in the Anatomy Department, with duties commencing on 1st October, 1969, or earlier by arrangement. Forms of application are obtainable from and should be returned to the Dean, Guy's Hospital Medical School, S.E.1.

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS

The following appointments and reappointments have been made for the period beginning 1st October, 1969:

WHOLE-TIME APPOINTMENTS

MEDICAL

Medical Registrars

Dr. R. D. Hill (Lewisham Hospital)
Dr. I. G. McGill
Dr. S. McHardy-Young
Dr. P. W. R. Harris
Dr. C. I. Roberts (U.S.A.)
Dr. T. C. Northfield
Dr. M. N. Maisey
Dr. J. D. Powell-Jackson (St. Olave's)
Dr. I. A. Baker (New Cross)

Junior Medical Registrars

Dr. K. G. E. Brown
Dr. M. J. B. Farebrother
Dr. J. G. Pickering
Dr. J. D. Salomon
Dr. A. P. Warin
Dr. C. C. Penney

Registrar to the Renal Unit

Dr. J. M. Boulton-Jones

Surgical Registrars

Mr. S. A. R. Cooke (St. Olave's)
Mr. J. C. Bull
Mr. W. G. Hartfall
Mr. R. J. Heald (U.S.A.)
Mr. A. B. Richards
Mr. F. A. W. Schweitzer (Dept. of Surgery)
Mr. N. J. Barwell
Mr. F. D. H. Birkett

Junior Surgical Registrars

Mr. C. J. Davies (Neurosurgical Unit)
Mr. M. R. L. Joyce
Mr. A. L. G. Peel
Mr. P. G. Ransley

Registrars in the E.N.T. Department

Mrs. C. M. Wengraf
Mr. J. G. Fraser
Mr. J. A. S. Carruth
Mr. J. M. Fox

Obstetric Registrars

Mr. W. M. Patterson (Farnborough)
Mr. T. G. Nash

Registrars in Physical Medicine

Miss J. R. Colston
Dr. I. Vadasz
Dr. J. E. Davies
Dr. T. J. Gibson

Registrar in Cardiology

Dr. D. C. Fluck

Junior Registrar in Cardiology

Dr. B. D. W. Harrison

Registrars in Clinical Pathology

Miss J. Went
Dr. P. J. Black
Dr. J. C. Butt
Dr. D. A. Gardner
Mrs. A. Markandy
Dr. R. A. Leng

Junior Registrars in Clinical Pathology

Dr. R. M. Ibbotson
Dr. B. A. J. Barrett
Mrs. V. Cattell (St. Olave's)
Dr. I. D. Morrison (St. Olave's)

Registrar in Haematology

Dr. J. L. Raven

Registrars in Psychological Medicine
Dr. M. C. Bott
Dr. K. F. Standage
Miss B. A. Davies
Miss I. Abey-Wickrama
Dr. E. R. Herst
Dr. M. O. Aveline
Dr. S. Bhanji
Dr. W. P. J. C. Onyeama
Dr. I. U. Majid

Registrars in Child Psychiatry
Dr. J. R. Colville
Dr. C. C. Enfield
Mrs. A. M. Birch

Orthopaedic Registrars
Mr. M. K. Murphy (In region)
Mr. C. J. F. Pool

Endocrine Registrar
Dr. C. F. P. Wharton

Orthopaedic and Casualty Registrar
Mr. S. Gallanaugh

Genito-Urinary Registrar
Mr. J. F. Flannery

Registrars in Dermatology
Dr. B. A. Adam
Dr. R. Z. Aconowitz

Registrars in Diagnostic Radiology
Dr. P. Armstrong
Dr. A. B. Dew
Miss B. C. King
Dr. D. J. Lintott
Dr. M. C. Pearson
Dr. R. Gilkes
Dr. J. J. Barrett
Miss J. Hall
Dr. J. E. Boultbee

Registrars in Radiotherapy
Dr. J. P. Perry
Dr. K. J. Shah
Dr. P. J. Winter

Registrars in Neurology
Dr. R. G. Lascelles
Dr. R. B. Stott

Registrar in Clinical Toxicology and Intensive Care
Dr. J. V. Collins

Junior Registrar in Ophthalmology
Mr. M. G. Falcon

Paediatric Registrars
Dr. S. R. Meadow
Dr. W. J. Appleyard
Dr. N. A. Don
Dr. R. B. Jones (In region)

Registrars in Thoracic Surgery
Mr. B. A. Ross
Mr. J. A. Dyde
Mr. K. M. Pagliero

Registrars in Anaesthetics
Dr. C. G. Bird
Miss P. B. Hewitt
Dr. G. D. Thomas
Dr. G. R. Gerson (In region)
Dr. M. J. Leech
Dr. M. B. Barnett
Dr. M. C. W. Morgan
Dr. D. G. Nancekievill
Dr. M. S. Vernon
Dr. P. A. D. Williams
Dr. J. F. Searle
Dr. I. A. Sutherland

Geriatric Regsitrars
Dr. R. Naylor (In region)
Dr. J. A. H. Grunstein

PART- TIME

Registrars in Ophthalmology
Mr. H. P. B. Whitty
Mr. A. W. Gentles
Mr. A. J. Daula

Registrars in Venereology
Dr. J. J. Rohatiner
Dr. D. J. M. Wright

P. J. HELLIWELL,
Superintendent.

August 1969.

HOUSE APPOINTMENTS

SEPTEMBER 1st, 1969

House Physicians

Dr. Mann	Mr. J. R. Stoneham
Dr. Scott	3 *months*
Dr. Clark	Miss L. J. Summers
	6 *months*
Dr. Hardwick,	Mr. F M. C. Carter
Professor Trounce,	3 *months*
Dr. Cameron and	Miss E. A. Clyma
Dr. Deuchar	6 *months*
Dr. Baker,	Mr. P. J. Davenport
Dr. Houston and	3 *months*
Dr. Grimble	Mr. A M. Seal
	6 *months*
Dr. Kauntze	Mr. P A. Sims
Dr. Joiner	3 *months*
	Mr. J. F. Dufton
	6 *months*
Professor Butterfield	Mr. M. C. E.
Dr. Lessof	Hutchinson
	3 *months*
	Mr. R E. Pounder
	6 *months*

House Surgeons

Professor Sir Hedley Atkins	Mr. C. G. H. West
	6 *months*
Mr. Wass	Mr. A. Calin
	3 *months*
Mr. Blackburn	Mr. J. B. Kelynack
	6 *months*
Mr. Lawrie	Mr. D. A. G. Barford
	3 *months*
Mr. Glover	Mr. J. N. B. Allen
	3 *months*
Mr. Beard	Mr. A. S. Coulson
	6 *months*
Mr. Maynard	Mr. R. J. Machell
	3 *months*
Mr. Ellis	Mr. G. M. Cochrane
	6 *months*

House Surgeons to the Thoracic Unit
Mr. T. J. Nash (S.H.O.)
6 *months*
Mr. D. J. Lipscomb
3 *months*

House Surgeon to the Surgical Unit
Mr. L. J. Turner
3 *months*

Gynaecological House Surgeon
Mr. R. B. Plummer
6 *months*

Throat and Ear House Surgeons
Mr. G. W. H. Stygall
3 *months*
Miss C. E. Ross
6 *months*

Orthopaedic House Surgeons
Miss J. R. Harlock
3 *months*
Mr. P. McK. Hudson
6 *months*

Genito-Urinary House Surgeon
Mr. M. R. Reddy
3 *months*

Children's House Physicians
Mr. J. R. Dare
3 *months*
Mr. W. G. Sherwood
6 *months*

House Physician to the Radiotherapy Department
Mr. W. H. Franklin
6 *months*

Casualty Officers

Mr. R. A. Billings
3 *months*
Mr. G. V. Pay
3 *months*
Mr. B. J. Rowlands
6 *months*
Mr. K. H. Riding
6 *months*

Resident Obstetricians

Miss H. M. Hussain
3 *months*
Mr. M. F. Rumpus
6 *months*

Neurological House Physician

Mrs G. W. M. Baird
6 *months*

Dermatological House Physician

Miss J. M. Higgs
6 *months*

House Physician in Child Psychiatry

Mrs. M. J. Habeshaw
6 *months*

House Physicians in the Department of Psychological Medicine

Readvertised. 1.10.69—31.3.70
1.10.69—31.3.70

Resident Anaesthetists

Mr. J. K. Bell
3 *months*
Mr. J. G. Payne
3 *months*
Miss J. E. Parry
6 *months*
Mr. J. E. C. Twentyman
6 *months*

Senior House Officers to Nuffield House

Mr. A. L. Thomas
3 *months*

Children's House Physicians at Evelina Hospital

Mr. D. L. Ingram 1. 4.69—30. 9.69
Miss E. M. Foreman 1. 6.69—30.11.69
Mr. P. J. Mansfield 1. 8.69—31. 1.70
Mr. R. O. Robinson 1.10.69—31. 3.70

Casualty Officers at Evelina Hospital

Mr. H. Chahim 1.8.69—31.1.70

ST. OLAVE'S HOSPITAL

House Physicians:
Mr. R. C. H. Taylor
3 *months*
Mr. G. A. Corbett
6 *months*
House Surgeon:
Mr. E. D. Humphrey
3 *months*
Senior House Surgeon:
Mr. D. J. Hanley
3 *months*
Gynaecological House Surgeon:
Mrs. L. A. Farebrother
6 *months*
S.H.O. in Psychiatry:
Mr. N. Farhoumand
6 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine and Geriatrics
Mr. O. O. Kale (S.H.O.)
3 *months*
Mr. J. A. Vale
3 *months*
Mr. P. Sweny
6 *months*
Orthopaedic House Surgeons
Mr. N. J. M. Harry (S.H.O.)
3 *months*
Senior House Officer to the Rehabilitation Unit:
Mr. D. D. T. Perera 1.7.69—31.12.69

BECKENHAM HOSPITAL

House Physician:
Mr. P. C. V. Ramage
6 *months*
House Surgeon:
Mr. J. M. Gollock
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. J. H. Tripp
3 *months*
House Surgeon to Mr. Lynn Evans:
Mr. W. J. Owen
3 *months*
House Physician to Dr. Roberts:
Mr. R. Aumeerally
3 *months*
House Surgeon to Mr. Williams:
Mr. N. B. M. Pereira
3 *months*
House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:
Mr. M. J. H. Hillier
3 *months*
House Physician to Dr. Llewellyn-Smith:
Mr. R. C. Quinnell
6 *months*
House Surgeon to Mr. Le Brun:
Mr. S. L. McAuliffe
6 *months*
House Surgeon to Mr. Cavendish:
Mr. S. H. Siggers
6 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases:

6 *months*

MILLER HOSPITAL

House Physician to Dr. Hartley and Dr. Bassadone
Mr. C. E. L. Freer
3 *months*
Mr. D. C. C. Hughes
6 *months*
Mr. D. B. Silk (S.H.O.)
6 *months*
House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner:
Mr. N. J. S. Voss
3 *months*
House Surgeon to Mr. O'Flynn and Mr. Fyffe:
Mr. T. T. Khonje
3 *months*
House Surgeon to Mr. Candy Mr. Williams and Mr. Park:
Miss C. J. Spurlock
6 *months*

ORPINGTON HOSPITAL

House Surgeon with Physical Medicine:
Mr. D. F. Shelley
3 *months*
House Surgeon with E.N.T.
Mr. D. J. M. Choat
3 *months*
House Surgeon with Gynaecology:
Mr. I. T. Grimble
3 *months*
House Surgeon with Orthopaedics:
Mr. R. S. Settatree
3 *months*
House Surgeon with Ophthalmology to Mr Walker Brash and Mr. Chivers:
Mr. R. J. Von Witt
6 *months*
House Physician to Dr. Southwell and Dr. Williams:
Mr. P. V. F. Cosgrove
6 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy:
Mr. J. Woodland
3 *months*
Miss J. M. Morgan
6 *months*
House Physician to Dr. Miller and Dr. King:
Mr. R. N. Lee
3 *months*

6 *months*

ST. JOHN'S LEWISHAM

House Surgeon:
Mr. J. B. L. Kabuubi
3 *months*

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott:
Miss M. E. Opie
3 *months*

P. J. HELLIWELL,
Superintendent

6th August, 1969.

PASS LIST

THE CHARTERED SOCIETY OF *PHYSIOTHERAPY*

FINAL EXAMINATION JULY, 1969

Baston, M. V., Miss
Cowling, J., Mrs.
Greener, J. M., Miss
McGarry, F. M., Miss
Parker, L. M. G., Miss
Prescott, G. L., Miss
Simmonds, S. E. A., Miss

The following Nurses have passed the Final State Examination held in June 1969:—

Adhemar, S. M.
Barber, M. R.
Bashford, C. J. (née Fisher)
Bawtree, L. M.
Birchall, S.
Bond, P. M.
Brown, E.
Buckingham, P. A.
Bush, F. M.
Campbell, G. M.
Clark, V. E.
Clarke, S. A. S.
Cooke, J. E. (née Duckworth)
Corall, C. M. M
Cox, E. A.
Crosby, P. H.
Davis, B M.
Dodson, A.
Druce, S.
Edge, I. C. V.
Fleming-Jones, J. E.
Fox, R. J.
Healing, P.
Horn, J. M.
Huntley, R. N.
Ingram, C. M.
Ingram, L. C.
Jackson, M. J. D.
Keller, R. M. S.
King, J. E. C.
Kneller, S. M.
Long, G. A.
Lukies, H.
Lynch, M. S. B
Miles, J.
Morrison, M. R. G.
Munro, F. M. S.
Nicholas, J. M.
Norman, P. M.
Porn, M. E.
Rendall, G.
Rigby, C. M.
Russell, P. A.
Saunders, G. M.
Seager, A.
Sibley, I. A.
Slade, J. A.
Spiller, E. A.
Swaddling, G.
Tarpey, J. M.
Thompson, J. M.
Treseder, J. F.
Tyler, S. H.
Virgo, A. L.

CHANGES OF ADDRESS

Dr. and Mrs. A. Aynsley-Green, 40 Horsley Close, Epsom, Surrey. Tel: Epsom 23158.

Brig. A. Crook, M.C., R.A.M.C. Training Centre, Keogh Barracks, Ash Vale, Aldershot, Hants.

Ashley and Anthea Edgar are now living at Dormer Thatch. Hadstock, Cambridge. Tel: Linton 389.

Dr. P. J. Frost, Radiology Dept., Edendale Hospital, Pietermaritzburg, Natal, S. Africa.

Drs. Ken and Rosalie Lloyd Jones, Thieves Wood House, Newstead Hospital, Ravenshead, Nottinham, N.G.15 9AA.

Dr. and Mrs. R. E. Owen, 4, Upper Hospital Villas, Mid-Wales Hospital, Talgarth, Brecon.

Dr. D. M. Smith, M.B., M.R.C.O.G., Dept. of Obstetrics and Gynaecology, University of Alberta, University Hospital, Edmonton, Alberta.

Dr. and Mrs. H. G. Sturzaker, 59, Farnham Road, Guildford, Surrey.

BIRTH

BLAKE—On 25th May, 1969, to Monica (Lisa née Hughes) and Marcus Blake, L.D.S., R.C.S., Eng., a daughter, Anna, sister for Lorna and Robert.

DEATHS

BILLING—On 12th July 1969, at his home in Storrington, Sussex, Edward Billing, M.A., M.R.C.S., L.R.C.P. at the age of 84.

CUTLER—On 6th July, 1969, together with his wife and daughter in an aeroplane accident, *Michael John Cutler*, M.B., B.S., D.C.H. aged 52 years.

WYNNE PARRY—On 4th July, 1969, in hospital, Thomas Geraint Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S. at the age of 72.

M. J. CUTLER, M.B., B.S., D.C.H.

Dr. M. J. Cutler, medical officer to infant welfare centres in Hastings and Rye, died *together with his wife and daughter in an* aeroplane accident on 6th July. He was 52. With his passing Hastings loses one of its most colourful personalities, whose presence will be sadly missed.

Michael John Cutler was born on 16th December, 1916 and was educated at Hydneye House, Wrekin, and Guy's Hospital, qualifying with the Conjoint diploma in 1943 and graduating M.B., B.S. three years later. He joined his father in general practice at Torfield House, Hastings, in 1946 and two years later took the D.C.H. With the inception of the Health Service he soon built up a thriving practice in the Old Town, where everyone knew him and many called him by his Christian name. Always fond of children, his particular interest was in child health. In this specialty he had a higher qualification, which was to prove useful in his capacity of medical officer in the borough child welfare clinics. He also held appointments in industrial medicine and dermatology. Latterly he devoted his attention to other branches of medicine, including hypnotherapy.

A man of unbounded energy, an opportunist with a fertile brain and a happy disposition in whose company it was a pleasure to be, his humility and understanding of human nature endeared him to those fortunate enough to know him well. Apart from medicine, he was interested in all branches of horticulture, photography, flying, and squash rackets, at which he was an outstanding player.

His wife, Audrey was an exceptional hostess, a great exponent of the culinary art, and a person whose warmth and generosity radiated throughout the household. Her artistic qualities were handed down to their son, Simon, and daughter, Sarah.

To Simon we extend our sympathy in this tragic loss.—P.H.D.

PERSONAL

WANTED two/three people to share accommodation in Orpington £3 10s. 0d. per room excluding meals. Ideal situation for country and Guy's (30 minutes door to door via British Rail). Apply Dr. Gibbs, Eastwing or M.M. 23594 after 8.30.

FLAT to let for 6 months. Suitable for married couple, at Elephant and Castle. Contact D. C. C. Hughes, 77, Balfour Street, S.E.17.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received ten days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2116

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Without a Heart

And so in South Africa earlier this month the transplanted heart of Dr. Philip Blaiberg, perhaps the greatest human guinea pig of his day ceased to beat. Thus the prologue to another tome of mans' insatiable desire to probe and research has been written. The demise of the world's longest living heart transplant patient has produced in effect a nineteen month course of instruction not only in the hazards of the surgical and medical life of such an undoubtedly gallant mortal, but in the social problems necessarily created. It is more than a possibility that for the first time, in the minds of relatives, the question is raised that the doctor is not being asked to weigh up what is best for his patient but to weigh up the advantages of transplanting a heart in the interests of some other patient.

The medical profession as a whole acknowledges with respect that the recent history of human transplant surgery has its origins in South Africa. However, hidden by the glamour and the sensational press given to the few, is the fact that in South Africa today State and Provincial Hospital doctors are paid according to grading, service and merit, and in addition according to another criterion—that of race. For each medical grade three separate salary scales exist. Thus for the grade of House Officer a White doctor will receive twice the salary of an African doctor, a Coloured/Indian doctor receiving slightly more than the latter, all for precisely the same job. This disparity exists throughout the medical grades and operates upon the basis of race alone. It is unlikely, according to official statements, that these discriminatory salary scales will ever be removed.

In a profession which has, for all members, the same strict requirements for qualification, it is patently wrong to impose a further non-professional discrimination on the basis of race. Parity in salary amongst doctors of equal grading, service and merit is in the best interest of the profession and is a medical, not a political matter.

The Medical Association of South Africa, which represents the doctors, has always opposed these discriminatory scales and have frequently pressed the authorities to change them. It is, therefore, a sobering reminder that even in these days of sophisticated medicine and science there are those who are forced to accept a compromise in order to fulfil their vocation.

Where the Money Goes

Any owner of plant knows the importance of keeping his machinery working as many hours of the day, and days of the week as his employees allow. The return on capital investment diminishes so long as plant is inactive. An example of this is an aeroplane which actually loses money unless it is permanently flying with customers or being serviced.

Now consider the situation in most Hospitals in this country. Patients remain in Hospital for seven days a week, but laboratory facilities are only functional five days in the week or, at best, five and a half. In London the average cost per patient per week is about fifty pounds, or seven pounds a day. This means that over a week-end fourteen pounds per patient is expended for no gain to the patient. When this figure is multiplied by the number of patients in any Hospital the sum "wasted" is enormous. That nearly one-third of the cost of keeping a patient in Hospital for a week shows no return in patient diagnosis or management is enough to make any astute business man throw up his arms in despair.

This problem is emphasised when a take-in patient has to wait from Friday evening until Monday for any investigation beyond the most basic requirements.

Surely the expense of employing extra laboratory staff would be justified financially and as an improved service and speedier discharge for the patient. The present system would seem anachronistic in this present day.

King Guy's

For years letters have been addressed to this Hospital with various prefixes to the name of our founder of which the commonest is, of course, "Saint" Guy's. Now it seems that we may get an official prefix. The University Grants Committee and the University of London have recently issued a statement implementing that part of the Todd Report dealing with the reorganisation of the London Teaching Hospitals. This means that the amalgamation of Guy's with Kings will be extended and further rationalised—hence the suggested prefix above.

There are many aspects to this process of combination which are rather more serious than the name to be given to the combined Schools and the fact that it will be an amalgamation of the Schools rather than the two school and Hospital complexes is one of the most serious. The exaggerated concept of combined pre-clinical schools producing

larger numbers of students in isolation from either parent hospital conflicts directly with the new accepted principle of integrated Clinical and pre-Clinical education whilst the institution of an integrated course involving the two Hospitals might provide immense logistical difficulties.

However, to be more positive, what are the advantages that may accrue from the combination? The greatest will be an increased output of Doctors, which after all was the main aim of the Todd Commission. If twice as many Doctors of comparable standard can emerge from a combined School then the advantages are obvious.

At the present time there are many problems and many more "ifs" and "buts". Only time will tell how, and how well, they are solved. At least we now know that the problems *will* arise.

Dr. Mann

All readers of the *Gazette* will have been pleased to read of the appointment of Dr. W. N. Mann to the post of Censor and Senior Vice-President of the Royal College of Physicians. We offer our congratulations to Dr. Mann on his appointment.

Professor Gorrill

We offer our congratulations to Professor R. H. Gorrill on his appointment to the University Professorial Chair of Bacteriology tenable at Guy's. He has held a personal Chair here for several years.

Mr. J. G. Myson

Mr. Myson, the Assistant to the Clerk to the Governors, has left Guy's for pastures new. We wish him well in his new job to which he will apply all the skill and care for which he has come to be known at Guy's.

His place will be taken by the present Assistant Secretary to the Governors, Mr. J. H. Carruthers.

Retirements

It often happens that the staff of the *Gazette* is arraigned for not inserting an announcement of a recent retirement of a member, be he never so humble, of the Hospital. We would be only too willing to record the Hospital's appreciation of these persons if we could have sufficient warning of impending retirement and some information about the person in question. We would request friends and colleagues of those about to retire to let the *Gazette* know well in advance so that the fact may be mentioned in the *Gazette* near to the time of retirement.

SAFETY PRECAUTIONS IN DENTAL PRACTICE

by

P. B. Veale

One of the innovations of the "1957 Dentists Act" was the institution of the General Dental Council whose duty it is to encourage and maintain high standards of professional conduct in this country. The dental practitioner is not only bound by the legal obligations of an ordinary citizen but is also under the disciplinary jurisdiction of the General Dental Council. Since the introduction of the "Legal Aid and Advice Act, 1949", the public is becoming increasingly compensation-minded, and many more people now institute actions for personal damages, especially against profesisonal men. The dentist is no exception to this vulnerability and he may at any time have his work or his conduct called in question.

It may not only be the dissatisfied patient who harbours a grudge —there have been cases of wrong teeth extracted in the wrong patients; mandibular fractures following extractions; poor standards of root canal therapy resulting in pain or unnecessary extractions; accidents during general anaesthesia; burns of the lips, and many more similar incidents—but the Dental Estimates Board not infrequently has cause to investigate financial remuneration paid to the dentist for what appears to be in fact false claims for work done, and for over-treatment carried out to make a patient dentally fit, e.g. replacing existing restorations which were recently completed by another dentist.

The dentist must manage his practice in such a way that he will not unpredictably be liable for damages for:—

(a) Negligence, e.g. the use of discs may result in soft-tissue injury.

(b) Assault, e.g. treatment without consent.

(c) Condition of premises, e.g. patients have been known to claim damages when injured after slipping on a mat placed on a highly polished surgery floor.

(d) Defamation, e.g. a dentist may imply that a person is suffering from a contagious disease, such as syphilis.

(e) Criminal offences.

In this article I want to draw attention particularly to the act of negligence, and to routine safety precautions, so that the dentist will either be free from the prospect of disciplinary action; or if claims are made, that these are adequate grounds for defence.

Liability for Negligence

The dentist becomes guilty of negligence if he fails to use reasonable care and skill in treating his patient. For his action to succeed, the plaintiff must show that he has suffered loss or injury as a direct result of the negligent act.

If a patient suffers injury it may or may not be the sole failing of the dentist. For instance, if a patient's lip is cut by a disc due to a sudden movement of the patient, the patient is obviously partly to blame; there is then a contributory factor present as a cause of the damage and the dentist will have substantial grounds for defence. A flaw in a hypodermic needle resulting in its fracture within the tissues may well be an inevitable accident; but where a wrong solution is injected, or inadequate post-operative instructions are given resulting in prolonged haemorrhage, we must accept the rule of *Res Ipsa Loquitum* (the thing speaks for itself).

If the dentist applies sufficient forethought, judgment, skill and care, contributory negligence and inevitable accidents set aside, the hazards of dental practice as a result of negligence can be avoided.

Safety Precautions

Safety precautions in the various branches of dental surgery will be considered:—

1. Case-history, examination, treatment plan.
2. Conservative dentistry.
3. Surgical procedures.
4. Anaesthesia.
5. Pharmacology.
6. Radiology.
7. Severe infections.
8. Uncertain diagnosis or treatment.
9. Emergencies.

1. Case-History, Examination, Treatment Plan

The importance of the case-history cannot be over-emphasised, and this should be the first stage of the entire course of any treatment, however trivial. Apart from the patients' own description of his complaint and symptoms, all relevant medical history must be obtained. The following minimal details must be ascertained:—

(a) General health—any history of rheumatic fever, St. Vitus' dance, severe illnesses or operations.
(b) Any present drug therapy or medical treatment.
(c) Any known allergies, particularly to penicillin.
(d) Bleeding disorders.

A careful case-history may reveal facts that will alter the treatment plan, or will make provision for any otherwise unforeseen circumstances which may arise during treatment.

One must adopt a routine method of examination. This must include:—

(a) A general visual inspection of the patient; a patient who sits in the chair completely breathless or pale having just climbed a few stairs may be concealing a hitherto unrecognised anaemia or worse.

(b) A general examination of the oral cavity, including the mucosa, teeth present and missing, existing restorations and prostheses.

(c) detailed examination of the mucosa, clinical crowns, periodontium, and occlusion.

(d) Accessory methods may be needed such as X-rays, pulpal vitality tests, bacteriological tests, haematological or histological investigations.

2. Conservative Dentistry

This is perhaps the major part of dental practice on which the dental practitioner depends to earn his living and it is certainly not without its hazards.

It is usually due to lack of care and skill that a bur may slip on to the gingivae, and the increased danger which exists when using high-speed instruments must not be taken lightly. Tongues have been severely lacerated by over-enthusiastic cavity cutting. The dentist must always be on the watch for the patient who suddenly swallows or partially closes his mouth while mechanical instruments are being used. The use of cut-off discs may cause laceration of the tongue, cheeks or lips. Safety measures available include disc-guards, a tongue-guarded saliva ejector, and a dental nurse should be available to help protect the soft tissues. With an increasing number of dentists working with the patient lying horizontally, the risk of inhalation or ingestion is a more recent hazard in conservative dentistry. Throat packs are cheap and may save the dentist from future professional embarrassment.

Endodontics quite commonly brings grounds for complaint. The most serious complication that is likely to arise is ingestion or inhalation of the small instruments. X-rays following endodontic treatment may reveal reamers which have roamed from a root canal to the stomach or lungs. Rubber dams would prevent this occurring.

3. Surgical Procedures

Assessment:

Time spent in making a careful pre-operative assessment is never wasted. The patient at special risk with whom precautions can be taken is as follows:—

(a) Those liable to serious infection.

(b) Those with blood disorders.

(c) The poor risk general anaesthetic patient (these will be discussed later).

1. Patients liable to serious infection.

Local causes :

Teeth should not be extracted by local anaesthesia infiltration if infection is present. Where the local underlying condition cannot be improved, e.g. a site of radionecrosis following radiotherapy—there is no point in delaying extractions. In this case and in the following systemic conditions, adequate antibiotic cover is necessary.

Systemic causes :

Patients with a history of rheumatic fever, St. Vitus' dance, valvular diseases of the heart, and those who have received cardiac surgery, are subject to subacute bacterial endocarditis following the bacteraemia of oral surgery. Diabetics must also receive adequate antibiotic cover. A recommended dose is 1,000,000 units Benzyl Penicillin by injection $\frac{1}{2}$-hour pre-operative, followed by a five-day course of oral penicillin.

2. Patients with blood disorders.

Extractions on patients with severe anaemia or leukaemia should be avoided or delayed until they have received treatment. If emergencies arise in these untreated patients, extractions may be carried out in hospital where blood transfusions and antibiotics are available to protect the patient against complications.

A patient may have bled excessively after past extractions. Unnecessary trauma must be avoided. Local measures are usually all that is required to arrest haemorrhage. If there is the slightest suggestion of a bleeding disorder the patient should have full laboratory investigations.

Opinion regarding patients taking anticoagulent drugs is varied. Dental extractions may often be performed without alteration in the drug therapy but in consultation with the physician. No harm will come if the prothrombin time is less than $1\frac{1}{4}$ times its normal time.

Clinical examination will show the nature of the tooth to be examined.

Indications for pre-operative radiograph.

(i) A history of difficult or attempted extractions.
(ii) Where clinical examination indicates trans-alveolar extraction.
(iii) Misplaced canines and instanding premolars.
(iv) A tooth which has been subject to trauma. There may be root or bony fractures.
(v) Heavily restored or non-vital teeth. These are usually brittle.
(vi) An isolated maxillary molar.
(vii) Any partially erupted or unerupted tooth, or retained root.
(viii) Lower third molars. Radiographs will show the tooth's position, accessibility, root size, number, formation and proximity to the inferior dental canal, condition of the crown, bone and overlying soft tissues, the condition of the second molar. Only after radiographs can complete assessment of the possible problems which could be encountered be made, and then the choice of operative plan decided.

Factors visible on radiographs causing difficulty

Pre-extraction radiograph findings may prevent otherwise unexpected complications at the time of operation. X-rays will show :—

(i) Ankylosis and hypercementosis.
(ii) Retained roots.
(iii) Root size, number, formation.
(iv) Density of supporting tissues.
(v) Relationship of teeth to the maxillary antrum, inferior dental canal, mental foramen.
(vi) Heavily restored or non-vital teeth.
(vii) Fractures of the root and alveolus.
(viii) Partially erupted or unerupted teeth.
(ix) Dilaceration, germination, supernumeraries.

X-rays cannot be routinely taken for all teeth to be extracted but the above indications would minimise complications at the time of operation or post-operatively.

Complications at operations

1. Damage to teeth and bone.

Damage to adjacent teeth is usually caused by incorrect use of instruments. Fractures of the teeth may occur during extractions and not necessarily due to negligence. The tooth may be firmly attached. If the dentist leaves the root in situ and prefers to extract it later the patient should be told of the occurrence. Fragments of bone separated from the periosteum must be removed.

2. Fracture of the jaw.

This may occur during extraction of an isolated molar in a frail, otherwise edentulous mandible. Where this is anticipated a splint should be made beforehand.

3. Oro-antral fistula.

Creation of a fistula requires immediate closure. Thereafter the patient should be told not to blow his nose. A five-day course of penicillin should be prescribed, and where indicated treatment obtained for an infected antrum.

4. Soft tissue damage.

Causes include failure to support instruments properly, crushing the lip between the teeth and the forceps. Sutures should be used in such lacerations where necessary.

5. Tempero/mandibular joint dislocation.

This is caused by excessive force used in depressing the mandible.

6. Loss of a tooth or root.

The operation must be stopped immediately, the wound and mouth searched. If inhalation or ingestion is suspected the patient should be referred to hospital for radiographs and treatment.

7. Broken instruments.

Both portions must be fitted together. Where a part is missing a search should be made and radiographs may be needed.

Post Operative complications

1. Pain.

Post-operative discomfort is worsened by rough handling of the tissues, overheating of burs, etc. In these cases the socket must be irrigated and dressed.

2. Haemorrhage.

A case-history should be taken. Local measures usually arrest haemorrhage.

Sterilisation

Instruments used to cut the soft tissues or bone should be autoclaved. Boiling water does not kill all vegetative spores.

Post-operative instructions

Following all extractions and minor oral surgery routinely carried out in practice, the following printed instructions should be given to the patient:—

1. To avoid bleeding—
   Avoid : Rinsing, hot drinks, hot foods, exercise for 24 hours.
2. If bleeding occurs—
   Bite on a clean rolled white handkerchief for 15 minutes.
3. If in pain—
   Take two Panadol tablets every four hours.
4. After 24 hours.
   Bathe the area gently with hot salt water after every meal, for 10 days.
5. Return if excess pain or uncontrollable bleeding occurs.

4. Anaesthesia.

Local Anaesthesia

The properties of Lignocaine and Prilocaine make them the first choice for most routine operative procedures. The indications, contra-indications and complications will be discussed.

(i) Indications.

Local anaesthesia requires the co-operation of the patient. It is ideal for epileptics provided they have not omitted to take their drugs. In those patients who are general anaesthetic risks a local anaesthetic is usually ideal.

(ii) Contra-indications.

In general, most patients unsuitable for a general anaesthetic will be suitable for a local one. However, there are definite

contra-indications. In those patients with bleeding diseases an injection will cause additional bleeding sites. Some patients are sensitive to the anaesthetic. If there is acute infection at the proposed site of injection any injection here will spread the infection further afield.

(iii) Complications.

Following an inferior dental nerve block the lip and tongue may be numb on one side for up to three hours. The patient should be warned that unconsciously biting the lip, hot drinks or a cigarette burn may all cause ulceration of which the patient is unaware until the anaesthetic has lost effect.

There is no excuse for injecting the wrong solution. Cartridge syringes are used extensively nowadays. The contents on the barrels of solution should be read each time before an injection is given. If the needle breaks when giving an injection the mouth should be searched. Fragments should be assembled and the length compared with a new needle of the same type. If the needle is lost in the tissues, the patient should be referred to hospital for X-rays and treatment.

General Anaesthesia

The 1967 Dental Advisory Committee on Dental Anaesthesia has made the following recommendations. Additional advice is included where thought necessary:—

(a) All general anaesthetics are a risk, and bearing in mind that few dental problems are themselves a risk, the dentist must consider whether the degree of risk is justified. A further potential source arises from the possibility that anaesthetic agents may cause adverse reactions in the increasing number of patients being treated by drugs for some concurrent disease.

(b) The only indications for general anaesthesia for conservative treatment are:—

(i) Spastics or others who because of physical deformity would be uncontrollable under local anaesthesia.

(ii) Those who are known to react adversely or to be resistant to local anaesthesia.

(iii) The mentally subnormal.

(iv) Those with a psychological attitude to dentistry such that they would refuse from fear any sort of dental treatment not performed under general anaesthesia, and who in the opinion of the dental surgeon are unsuitable for local anaesthesia.

(c) No combination of operator/anaesthetist is without risk. Ideally, all dental general anaesthetics should be given by a specialist anaesthetist trained in dental anaesthetics.

(d) Intravenous sedation followed by local anaesthesia is an alternative to general anaesthesia for certain patients for whom local anaesthesia alone has proved unsatisfactory. Those patients who have received sedation should not drive a car immediately after treatment. Enquiries should be

made to establish whether the patient has been taking any other drugs with which the sedative might react adversely.

Criteria for safety in inhalation or intravenous anaesthesia

The following criteria are suggested for the safe administration of general anaesthesia in general dental practice.

1. **Selection of suitable patients.**

Ideally, the patient's fitness should be confirmed by a report from the patient's own regular physician. The anaesthetist should carry out a routine assessment of the patient's fitness by careful questioning and observation. Cardiac or pulmonary disease are definite contra-indications. In elderly patients it must be assumed that vascular disease is present. Diabetics should be treated after consultation with the physician in charge—usually in controlled diabetics a general anaesthetic is quite permisible ; a normal breakfast should be taken and the patient treated about 12 noon. By 12.30 p.m. the patient is fit again to have lunch at the normal time or else hypoglycaemia will ensue. General anaesthetics in pregnancy should be avoided during the first three months unless in emergency. Barbiturates may be harmful to the foetus and should not be used.

The following drugs are the most likely to produce adverse reactions if being taken when an anaesthetic is being given:—

(i) Monoamine oxidase inhibitors.

If these are taken within two weeks of administration of morphine, pethidine, or a vasopressor drug, they may produce a sudden fall of blood pressure, collapse and even death.

(ii) Tranquillisers } These potentiate the action of intravenous
(iii) Hypnotics } anaesthetic agents.
(iv) Steroids } May result in cardiovascular emergencies
(v) Hypotensive drugs } during general anaesthesia.
(vi) Anticoagulents may indicate underlying cardiac ischaemia.

Liver disease, jaundice, severe anaemia, cachexia, adiposity, alcoholism and drug addiction modify the action of anaesthetic agents.

2. **Precautions in the surgery**

(a) **Facilities for emergencies :—**

The following are essential:

(i) Oxygen.
(ii) Suction apparatus.
(iii) Apparatus for inflation of the lungs, together with a selection of oral airways.
(iv) A chair which can be quickly brought into the horizontal position.
(v) Surgical swab holders and tongue forceps.
(vi) A recovery room.
(vii) A trained staff.

3. Advice to the patient (printed instructions)

Before the anaesthetic :

(a) Report details of any illness, weakness, allergy, any drugs being taken.
(b) No food or drinks to be taken for four hours before anaesthetic.
(c) Empty the bladder.

After the anaesthetic :

(a) A responsible person must accompany the patient home.
(b) Do not drive any vehicle until the following day.
(c) Avoid alcohol for 24 hours.

4. Emergencies in the dental chair

If any difficulties arise the anaesthetic must be stopped.

Operations in the dental chair should not take more than 10 minutes.

(a) Respiratory difficulties :

(i) Complete or partial obstruction.
Due to :
Bad positioning (head too far forward).
Backward displacement of jaw.
Throat pack too far back causes glottic spasm.
The throat pack must be at least 18in. long or else it will get lost in the mouth.
Too big a prop.
Asthmatic attack.
Foreign body (tooth, blood, saliva).

(ii) Anoxia.
At least 20 per cent oxygen must be given. Apnoea may be due to an overdose of methohexitone, propanidide.

(iii) Vomiting.
Drop the head and use the sucker.

(b) Cardiac difficulties :—

(i) Hypotension.
Due to :
Overdose of Halothane, methohexitone.
Respiratory obstruction.
Chronic anoxia.
Disease missed (anaemia, drugs).
Fainting.

(ii) Coronary thrombosis.
If there is a history of a coronary, no general anaesthetic should be given within two years.

To diagnose trouble when it arises :—

(i) Observe colour—should be no appearance of slaty grey, blue or white. Patient should be pink all the time.
(ii) A finger should be kept on the pulse, if possible.

In hypotension the pulse is weak and rapid.
Stop the anaesthetic (or oxygen only).
Put the patient flat.
Raise the legs.

If the pulse is very weak and at least perceptible, give a vasopressor Methylamphetamine 5-15 mg. I.V. This increases cardiac output and causes vasoconstriction.

If there is no pulse :
Start emergency resuscitation, i.e. mouth to mouth breathing AND external cardiac massage.

5. Pharmacology.

The dentist may need to prescribe drugs and he should be acquainted with those laws regarding the sale, distribution and use of certain drugs.

Drugs being taken by the patient as medical treatment may influence either post-operative procedures, or the choice of drugs prescribed by the dentist during the course of treatment.

The following information should be obtained by the dentist :—

1. Known allergies.
2. Drugs being taken by the patient. Those most likely to affect treatment are :
   (a) Barbiturates.
   (b) Amphetamines.
   (c) Steroids.
   (d) Monoamine oxidase inhibitors.
   (e) Hypotensive drugs.
   (f) Anticoagulents.
   (g) Insulin.

Where any doubt exists as to the effects of these drugs during dental treatment, the medical practitioner should be consulted.

6. Radiology

The dentist and the patient are subject to danger during diagnostic dental radiography.

There is a limit to the amount of X-rays that may be safely administered to an area of tissue but it is not easy to give practical exposure limits. It can be considered safe to repeat a full-mouth examination of 14 films twice; a single intra-oral film 8 times; and an occlusal film 4 times. If the patient has had a large number of films taken there should be an interval of at least three weeks before further radiography.

No unnecessary exposures should be made in the young or in those women of or under child-bearing age. If more than one film is indicated in children, and always during pregnancy, a protective lead apron should be used to cover the patient's abdomen. This is especially important in taking apical or occlusal films of upper front teeth when the beam is directed down towards the gonads.

The operator may protect himself from over-exposure by always avoiding the direct beam and by maintaining a distance of from 5–6 feet from the patient during exposures.

The dentist should refrain from holding intra-oral films himself in the patient's mouth. Adverse cumulative effects of small repeated doses occur after a long period of time.

No further protection is necessary.

7. Severe infections

These are uncommon in the mouth. Whey they do occur they may take one of the following forms :—

1. Osteomyelitis.
2. Cellulitis.
3. Actinomycosis.

Large doses of penicillin should be given by injection provided the patient is not sensitive to this, and the patient should then be referred to hospital.

8. Uncertain diagnosis or treatment

It may be that during the course of the initial examination of the patient or even during the course of treatment, a particular feature may need specialist diagnosis or treatment. Any lesion which has not been diagnosed within two weeks necessitates a biopsy.

9. Emergencies

(1) Loss of consciousness.

Resuscitation methods during general anaesthesia have been dealt with. The dentist must also know the immediate treatment of loss of consciousness due to :—

(a) Fainting—this is the most common.
(b) Epilepsy.
(c) Cardiovascular emergencies.
(d) Anaphylaxis.

(2) Bleeding sockets.

Local measures usually suffice.

(3) Untoward drug reactions.

The one most likely to occur is an allergic reaction to penicillin. Effective treatment which the dental surgeon can use is to give adrenaline 1/1000 subcutaneously.

SUMMARY

It might appear that the practice of dentistry is beset with hazards and legal pitfalls. The dentist can safeguard himself by :—

1. Becoming a member of one of the excellent protection societies.
2. Keeping full and accurate records of work done for all patients, including the casual ones.
3. Accuracy in completing statutory forms.
4. Ensuring that the practice is conducted on ethical principles.
5. Skill and care to prevent acts of negligence.

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This article won second prize in the Medical Defence Union Open Essay Competition, written under the pseudonym Nora Drenaline, P. B. Veale is in fact a recently qualified Guy's dentist.

OBITUARY

Morna L. Rawlins, M.B., B.S.Lond.

Miss Morna Rawlins (Mrs. Francis Vaughan), formerly consulting surgeon to the Elizabeth Garret Anderson Hospital and the Marie Curie Hospital, died on 31st July at the age of 86.

She was a pioneer in the treatment of venereal diseases, and following the publication of the Royal Commission on Venereal Diseases and the subsequent provision of V.D. Clinics in the major London hospitals, she was appointed in charge of the V.D. Clinic for women at Guy's, which began in 1917. Miss Rawlins was the first woman doctor to be appointed to the staff at Guy's. In 1924 when the V.D. clinic became a whole-time department she became the Assistant Director, a post she held until 1946.

She was an excellent clinician and outstanding in her successful coping with the human aspects of the social and public health problems that frequently arose in the clinic.

A woman of wide interests, breeding cage birds and Cairn terriers, she was also an ardent motorist. In the 1920's she won the Ladies' Cup at the Monte Carlo Rally, and competed again 18 years late.

Miss Rawlins was a well-known and well-loved character at Guy's, to the medical, nursing and administrative staff, through the long period of 29 years.

V.E.L.

"AN OLD LOOK AT NURSING AND HOSPITALS"

A Fable by

Marny Hallam

Once upon a time nurses were people who looked after other people who were ill in bed, usually in hospital. On the whole they were a happy lot who enjoyed their work and didn't worry too much about only earning £20–£50 a year because residential life, especially within a large teaching hospital, brought its own reward and anyway there really wasn't time to spend much money. The family background was usually a happy and settled one and the monthly day off provided an opportunity to get away from it all, see mum and dad, have a good long sleep, plenty to eat and a cheerful grumble about the nightly supper of corned beef and bubble-and-squeak.

General training lasted four years and the hospital final examination was taken at the end of the third year. Those who did well and were also considered good practical nurses were invited to remain at the hospital as staff nurses. These invitations were considered a singular honour and were rarely refused.

Ward sisters were experienced and respected if sometimes bitchy, which the nurses didn't mind as they knew how hard the poor things worked and that their entire lives were spent on the ward or in their bed-sitter leading off it.

Nursing care was continuous and devoted and patients and relations were grateful and nobody despised them for their gratitude. Genuine care of a patient was not then called emotional involvement and nobody talked about being depersonalised or getting identified with anything and there was no shortage of nurses.

Managers were men who worked in banks with whom nurses naturally had little to do. Sisters were sisters and nurses were nurses. The sisters taught the nurses how to nurse and the one called the tutor remained firmly in the library preparing her weekly lecture and gave little trouble to anyone after the first few weeks of preliminary training.

The doctors gave an occasional lecture on their special subject which was often quite interesting as it was about things the nurses had been doing on the wards for ages. These doctors were called honoraries because they weren't paid for the work they did in hospitals which somehow made the nurses think they were rather lovable and

must be readily forgiven if they were rude on the wards and threw things in the theatre. Stories of the honoraries' goings-on were always popular and much discussed at meals.

There was also a Matron who was in charge, much respected, sometimes feared, but always approachable without any proper channels being involved. She was often Irish, well-connected and had done great things in the Great War. She had an assistant matron who assisted her but never acted-up; that had quite another connotation and would have been unthinkable and rightly and quickly squashed.

Such was the picture in the old voluntary hospitals where goodwill abounded and things like Hospital Leagues of Friends and Patients' Associations were unknown and unwanted. This happy state of affairs could not, of course, be allowed to continue. Some people didn't like it. England was a socialist country and it simply would not do for some hospitals to be more equal than others.

Happily another war came just in time and, to the surprise of many, it was discovered that there were other larger hospitals which were not at all like the voluntary hospitals only somehow they had been overlooked because they were under-manned and underprivileged although no one had ever thought of it that way before. The services they provided were rather poor so perhaps the voluntary hospitals did really know about them but were rather ashamed and looked the other way. Now they had to turn round and have jolly get-togethers because hospitals in large cities had to be evacuated to less dangerous areas which always seemed to be the places where the under-manned and under-privileged hospitals were. Thus they all had to muck-in together and pretend it was lovely.

The honoraries had to work in less perfect conditions with staff who answered back if they were rude or threw things, so that those who were young enough and fit enough were happy to go off to the wars where they were much safer and could expect to go on being addressed as "Sir". Those who weren't young enough and fit enough had to get on with it and learn new words and phrases like "dispersal area" and "sector matron" and, above all, "integration". They tried very hard and kept telling each other how it always took a war to bring out the best in the British. They cannot, however, have been thinking of hospitals because they have never been the same since.

When peace broke out the doctors and nurses who had been away at the wars came back and pinched all the best jobs and got themselves integrated all over again. Unhappily, integrating institutions was not so easy but the chaps rightly thought that, after all they had been through together, the stronger must look after the weaker in a united effort to stamp out the voluntary principle.

Laymen who were intellectuals and doctors and nurses who were nothing of the kind, talked to sociologists who talked to politicians who, poor fools, still thought everything should be equal in the hospital world. Honoraries remained aloof until whispers reached the halls of the Royal College that if they weren't honoraries they would get paid for their work in hospitals. Quick consultations with their accountants

brought divided opinions and, on the principle of divide and rule, the politicians some of whom, alas, were doctors, carried the day and the National Health Service was born.

This was supposed to see to it that everyone who wasn't too grand to stamp a card would have an equal opportunity of seeking advice and treatment for free. Unfortunately the intellectuals and sociologists and politicians were unaware that thousands of people could neither see nor hear properly, had no teeth or were sick of wearing trusses and wanted all these deficiencies put right forthwith. This was a bit much and everybody got very stroppy. The patients got nowhere, the general practitioners were sick of signing forms, especially those which authorised a consultant (formerly an honorary) to collect a nice fee from the State for something called a domiciliary visit which was the only way to get a patient into hospital. This really was money for old rope and could lead to no end of possibilities but had nothing in it for the family doctors who got very disagreeable and had to be hushed by an eminent judge who awarded them a sum of money the size of which greatly exceeded their expectations and infuriated the consultants.

All this hullaballoo reached the ears of the dental profession and they had to be hurriedly suppressed but not before they had had a good run for the State's money.

While all this was going on, nursing was too, but nurses were being got at, mostly by their new male colleagues, who would keep writing letters to the nursing press complaining about money and conditions and who would have been seen off very rapidly had our sainted Florence been still alive. It must, of course, be remembered that Florence knew nothing about non-voluntary hospitals (other than military ones) and they did not want to know anything about Florence; but something had to be settled and so the groups were born.

This was splendid progress in theory : a mother old-style voluntary hospital took under her wing the weaker but often larger hospitals which were short-staffed and a nice even distribution of nurses was hoped for. This proved to be unmanageable so a gentleman who was very good at catering was asked to advise the hospitals on management with particular reference to the senior nursing structure. The juniors were overlooked because the gentleman was too important to remember the bit about the strongest being needed at the wash-tub. He must also have been in the Army because he decided that those above wash-tub level must be called officers and that they must control divisions and units and areas and things like that. They were also to be graded which wasn't surprising as the gentleman's name was Salmon, but, to avoid confusion, Grade 10 and not Grade 1 was to be top. Grades 7 to 10 were to be put in charge of the workers who, to their credit, took not the slightest notice and found themselves other pursuits. After all, what modern chick wants to train in a group, be shoved round a division or area and seconded to a unit, packing and unpacking and never settling anywhere?

Some bright birds still go to the teaching hospitals where there is some stability but, even there, a shortage of applicants has replaced

a waiting-list and the general shortage of nurses is worse than it ever was. However, for those who are too proud to be called just nurses there are now no end of exciting possibilities and, after going on the appropriate management-course lasting anything up to a year, applications can be made for posts of the following kind : Chief Nursing Officers, Principal Nursing Officers (Teaching, General Nursing and Psychiatric Divisions), Senior Nursing Officers, Nursing Officers Grade 7, Principal Tutors (Categories A. and B.), Geriatric Nursing Officers and all manner of things. Naturally the workers are getting fewer and fewer; how can it be otherwise with all this carry-on? No wonder we now need Patients' Associations and Leagues of Friends and private insurance schemes. Indeed the nursing officers will soon need an association of their own to keep them supplied with bumph to read in their divisions, areas, units, etc., unless, of course, they fancy the wash-tub or the bedside where they are needed most of all.

NURSING SECTION

Montreal I.C.N. 14th Quadrennial Congress

After weeks of waiting, there we were at the B.O.A.C. Air Terminal, 150 nurses, Montreal bound. We flew from Heathrow at 11.0 a.m. on Saturday, 21st June. Many others had left from Gatwick, Manchester and Prestwick.

The sky cleared and in no time below us passed the coastline of Wales, Ireland, and we were over the Atlantic, with the sun glinting on what from 33,000 feet appeared to be ripples on the water.

We marvelled at the charm and dexterity of the hostesses, who, in spite of cramped quarters, served two excellent meals en route, and with our watches put back 5 hours, we landed at Montreal shortly after 1 p.m.

Montreal is a clean, attractive, dynamic city of tall buildings and tree-lined streets encircling "the mountain". Some 10,000 nurses from 80 countries descended on it during the week-end, filling the hotels and University residences and crowding "down town" restaurants.

The Congress was held at Place Bonaventure, a huge sand coloured concrete block, providing on the lower floors, shops of all kinds, and the Conference Hall—"Concordia Hall", and above, a luxury hotel with a beautiful roof garden.

Sunday morning was spent finding our way round, queueing for various tickets, meeting friends and renewing acquaintances. It didn't take 18 Guy's long to get together. In the afternoon thousands attended a United Service in Notre Dame Cathedral. The air inside was warm and oppressive, and we were glad to return to the sunshine, the Cathedral steps gay with brightly coloured costumes and exotic hats.

At 8 o'clock came the impressive opening ceremony in Concordia Hall, honoured by the presence of the Governor General, the Right Honourable Roland Michener. There were a number of processions to the central dais, including National representatives, many in beautiful national costume, the flags of the countries represented carried by Canadian student nurses.

To appreciate the scene, one needs to visualise a huge hall, reminiscent of Earls Court with tall pillars draped in glistening white. From the central platform, part of which revolved disconcertingly, radiated, all on the same level, rows of uncomfortable folding chairs.

I.C.N. business meetings, at which we were observers, continued on Monday and Tuesday. Concentration was difficult due to the constant buzz from the Nursing Exhibition arranged around the hall.

Special interest sessions on a variety of topics from Audio Visual Aids to Space Age nursing were also held on Monday and Tuesday. These took place in Hospital and University lecture theatres and were generally very good, some holding the attention of the audience for 3 hours without a coffee break!

The theme of the Congress was "Focus on the Future". From Wednesday to Friday there were plenary sessions. The language used was English with simultaneous translation in French, Spanish and German. Acoustically there were problems.

Wednesday was Technological Age day. We were urged to be less reluctant and better prepared to accept changes.

"Education for today and tomorrow" was Thursday's theme. The implications of basic programmes at University level were discussed. At the 1929 Congress also held in Montreal, a paper was presented on the same topic. Forty years!—a statement by one of the speakers that "we were crawling to the future, whilst the developing countries might take giant strides", rang uncomfortably true.

At the Administration and Leadership sessions on Friday we were reminded "you need not be loved to be a leader, but you must be respected".

And so we reached the closing ceremony at 8 o'clock on Friday evening. The results of the election for the new President of I.C.N. were declared, Miss Margaret Kruse, of Denmark, being a popular choice. One of the most moving moments came with the admission of new member countries to I.C.N. There were 11, including the Lebanon, who for 20 years had worked to achieve this status. The retiring President, Miss Alice Giraud, gave as her watchword for the next four years—Unity. Following a brief address by the new President, the Congress ended, and for the last time we streamed from Concordia Hall.

It is difficult to measure the value of a gathering so large. Needs and achievements in different countries are so varied. Nevertheless, it was a unifying and strengthening experience, providing an opportunity for meeting and talking with people from all over the world, all working towards the same goal—the improvement of care. The theme of the Congress involving the young people of today; it would seem wise to encourage a greater attendance of the student and staff nurse generation at the next Congress, to be held in Mexico City in 1973.

During this short time we became very attached to Montreal, and will remember its beautiful mountain, underground shops, screaming traffic (but disciplined pedestrians) and the Canadians with their cheery "you're welcome" at each expression of thanks.

T.S.

BOOK REVIEW

ILLINGWORTH: COMMON SYMPTOMS OF DISEASE IN CHILDREN.

2nd Edition. 42s. Blackwell Scientific Publications.

That this enlarged second edition should appear within two years of the first is in itself a testimony to Professor Illingworth's approach to the common childhood symptoms. Completely new sections make their appearance and there has been a major revision of the script. A basic medical knowledge is assumed, though there is considerable variation in the detail in which the subjects are discussed. Many sections are outstanding, particularly those on abdominal pain, stridor, convulsions and the "clumsy child", and reveal a depth of wisdom and practical commonsense that are often missing from the larger paediatric textbooks. The section on the side effects of drugs is a useful reference. Not all the lists of causes give sufficient priority to the more common conditions. Though the index has been improved, the subjects might be easier to find if they were arranged more systematically or even alphabetically. Surprisingly the text has few illustrations. The book should be placed in all casualty departments, and it is recommended as a handy reference for the family doctor. Medical students may find it useful for revision, though with escalating costs one hopes that a paper backed edition might be made available particularly if the book is to be regularly revised.

JAMES APPLEYARD.

SPORT

WATER POLO

SUMMER TOUR, 1969

2nd—9th August.

Among the more memorable moments of the tour were Graham's "Festering" sunburn, curry pies, Mark and Chris' unsuccessful recent attempts on two Swedes, John playing clap-clap, and rhubarb thrashing, an ancient Dorset ritual which will appeal to rugby players.

This was the third of the series of West country tours, and we enjoyed the warmest weather and water yet. The results also were an improvement on the previous tours and some of the less experienced players improved a great deal in the company of good club teams with the occasional county player.

Lymington 8, Guy's 5.

This was the first time we really enjoyed this fixture and with some better refereeing we recorded our best result against Lymington. Adkins continued his recent scoring form, and Forbes swam well in mid-field laying on a good pass for the first goal.

Scorers: Adkins 3, Northcott 1, Howard 1

K.O. Competition at Weymouth.

We played Weymouth I and Bridport/Exmouth in this six team competition. We played only one bad quarter, but our inability to score led to defeats by 5—0 and 1—0 respectively. For the first time in the sea, Northcott really mastered the conditions and swam as well as he does in a pool.

Bridport 2, Guy's 16.

A much needed morale booster after the previous evening. Against young opposition Guy's turned on an impressive display in front of a big crowd.

Scorers: Adkins 5, Northcott 5, Scholefield 5, Howard 1.

Bournemouth 7, Guy's 7.

Forbes returned to the joys of take-in, and Jones joined us after some anxious waiting before the start. This was an impressive performance against probably the best team we met on tour. Bevis played a really splendid game in controlling a good 2-yard forward, and Jones led a thrilling fight back from 7—4 down in the last quarter. This was the first time we have played Bournemouth and we look forward to many more such games.

Scorers: Jones 4, Adkins 2, Guest player 1.

Taunton 3, Guy's 8.

Another good performance against a much better team than the score might suggest. This wide margin was the result of good tight play by the whole team with few mistakes in defence and accurate passing and shooting in attack. Clarke became a much improved player in this game, making room to move into attack as well as tightening his marking. As in the previous game, Jones provided the inspiration for a good team effort.

Scorers: Jones 4, Northcott 2, Scholefield 2.

Weymouth 3, Guy's 3.

This was the only game we played in a rough sea and Weymouth were only saved from a heavy defeat by the crossbar, which dropped into the path of a good shot at least half a dozen times, thwarting us of our first victory against the host team.

Scorer: Jones 3.

Yeovil 5, Guy's 3.

Another good team effort in which Yeovil's powerful 2-yard forward was less prominent than last year and was thwarted in the final seconds. With the score 4—3 we were awarded a penalty. The ball hit the post and just failed to bounce in and our defence was caught napping by the break, from which they scored.

Scorers: Jones 2, Adkins 1.

The tour was enjoyed by the whole team, but provided particularly valuable experience for Bevis, who is now a most accomplished back with long accurate distribution; Wright played solidly in defence throughout the week, letting little past him and Clark, who has improved beyond recognition. It was pleasing also to see Adkins continue to score goals after so long out of the lime-light. He really revels in sea conditions.

The week was rounded off by some riotous games of rhubarb thrashing and clap-clap, and we are all looking forward to next year.

Team: K. Howard, G. Northcott, R. Jones, M. Adkins, C. Bevis, B. Wright, J. Clark, M. Forbes.

K.H.

BOAT CLUB

WALTER ATTENBOROUGH TROPHY: BEDFORD REGATTA, 12th July.

There were 17 crews entered for this event which was rowed in restricted boats. The course of six furlongs ran through the town and involved a sharp bend for the first four furlongs with a two furlong finishing straight.

In the 1st round Guy's were drawn on the outside station against Bedford Modern School. A lead of a length was quickly established at the start and increased substantially over the first minute. With no danger of being beaten the crew took the rest of the course at a modest pace to win easily in a time of 4 minutes 35 seconds.

In the 2nd round our opponents were St. Catherines, Cambridge, and yet again Guy's had the outside lane. The Cambridge crew managed to entangle themselves with the marker boat, which invalidated the first start, as Guy's shot off into the lead. The position was more even at the 2nd start and both crews were neck and neck for the 1st furlong. However, St. Catherine's pulled half length ahead when the bend started to take effect. The Guy's cox pushed St. Catherine's as near to the bank as possible, to minimise their advantage, and this brought us back to within half a canvas of them. Unfortunately Guy's were unable to maintain this position and by the start of the finishing straight were one length down. An increased rating however, brought us back slighty on St. Catherine's who won by two thirds length, Guy's recording a time of four minutes twenty-two seconds.

St. Catherine's went on to win their semi-final in a time of four minutes twenty-four seconds from Reading B.C., but were beaten by Tansor B.C. in the final in a time of four minutes twenty seconds.

Crew: Bow; M. J. Gleeson, 2 M. E. Denyer, 3 K. O. Thompson, Stroke; J. A. Dalziel, Cox; G. M. Thomas.

BARNES AND MORTLAKE REGATTA, 27th July.

The course of six furlongs ran from Barkers Rails to Bull Alley Dock on the Thames at Chiswick. In the 1st round Guy's met Walbrook Boat Club and Putney Town Boat Club. At the start Guy's went away with Walbrook and left Putney Town a half-length behind. This position was maintained until Chiswick Bridge when Walbrook started to establish their lead. Guy's found themselves unable to get back on terms with Walbrook and were beaten by one length. Putney Town finished a further four lengths behind.

Walbrook went on to win their semi-final easily and the final by three-and-a-half lengths.

Crew: Bow; M. J. Gleeson, 2 M. E. Denyer, 3 K. O. Thompson, Stroke; J. A. Dalziel, Cox; G. M. Thomas.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in the Department of Conservative Dental Surgery with attendance on 6, 5 or 3 sessions per week and duties commencing 1st October, 1969 Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than **Saturday, 13th September, 1969.**

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **S.H.O.** in Clinical Pathology to the Guy's Group of Hospitals, with appointment as soon as possible. Opportunities will be available for promotion to those wishing to make a career in Clinical Pathology. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **10th September, 1969.**

HOUSE APPOINTMENTS

GUY'S HOSPITAL

ALLOCATION OF MEDICAL AND SURGICAL REGISTRARS 1969/70

To take effect from 1st October, 1969

MEDICAL REGISTRARS

Dr. Mann and Dr. Scott	Dr T. C. Northfield
Dr. Hardwick and Professor Trounce	Dr. S. McHardy-Young
Dr. Baker and Dr. Houston	Dr. I. G. McGill
Dr. Kauntze and Dr. Joiner	Dr. M. N. Maisey
Prof. Butterfield and Dr. Lessof	Dr. P. W. R. Harris
Endocrinology	Dr. C. F. P. Wharton
Neurology	Dr. R. B. Stott
Renal Medicine	Dr. J. M. Boulton-Jones
Clinical Toxicology and Intensive Care	Dr. J. V. Collins
St. Olave's	Dr. J. D. Powell-Jackson
New Cross	Dr. I. A. Baker

JUNIOR MEDICAL REGISTRARS

October to March

Dr. Mann and Dr. Scott	Dr. R. C. Day
Dr. Hardwick and Prof. Trounce	Dr. M. J. B. Farebrother
Dr. Baker and Dr. Houston	Dr. K. G. E. Brown
Dr. Kauntze and Dr. Joiner	No junior registrar allocated
Prof. Buterfield and Dr. Lessof	Dr. R. C. Hughes
St Olave's	Dr. J. G. Pickering
	Dr. A. P. Warin
New Cross	Dr. J. D. Salomon
	Dr. C. C. Penny

SURGICAL REGISTRARS

Prof. Sir Hedley Atkins and Mr. Glover	Mr. J. C. Bull
Mr. Wass and Mr. Beard	Mr. N. J. Barwell
Mr. Blackburn and Mr. Maynard	Mr. W. G. Hartfall
Mr. Lawrie and Mr. Ellis	Mr. A. B. Richards
St. Olave's	Mr. S. A. R. Cooke

JUNIOR SURGICAL REGISTRARS

Mr. Beard and Mr. Crabbe	Mr. M. R. L. Joyce
Mr. Maynard/G.U.	Mr. P. G. Ransley
Mr. Ellis and Mr. Kinder	Mr. A. L. G. Peel
Neurosurgery	Mr. C. J. Davies

P. J. HELLIWELL,
Superintendent.

6th August, 1969.

PERSONAL

FOR SALE—Ash Students' Dental Cabinet. Good condition, sundry instruments, price reasonable. For details Phone Sevenoaks 54010

FOUR SESSIONS available for Guy's man in Harley Street consulting rooms. Box No. 6/8.

LOVELY countryside—near Guildford. Self-contained furnished half of retired doctor's modern house in acre garden. All amenities. SHERE 2164.

SURREY—Freehold detached house for sale £9,500. Short walk station, Waterloo 28 minutes. Now houses established, flourishing 4-Surgeon Dental Practice. (Late principal Guy's) Suitable for friends wishing to work together or for Surgeon requiring living accommodation. Available April 1970. Box No. 5/8.

BIRTHS

KNOWLES—On 3rd March, to Joy (née Herbert) and James Knowles F.R.C.S. Ed. a son, Henry James, a brother for Charles.

BROOKS—To Colin and Heather Brooks, on 28th July, 1969, a son Graham Robert.

WIGGINS—On 7th August 1969, to Judith and John Wiggins, a son Harry Rupert.

MARRIAGE

SCHOLEFIELD—CRAVEN—Dr. Robert Dean Scholefield was married to Miss Judith Lemore Craven, S.R.N., S.C.M., on Saturday, 16th August at Tenderden.

DEATH

LILLICRAP—On 11th August 1969, suddenly, Charles Albert Lillicrap, M.D., F.R.C.P. ,Aged 57 years.

CHANGES OF ADDRESS

Flt. Lt. C. A. Brooks, c/o Officers' Mess, Fairy Point, R.A.F., Changi, c/o G.P.O. Singapore.

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Flt-Lt. R. S. Jenkins, B.D.S., L.D.S., Officers' Mess, R.A.F. Seletar, c/o G.P.O., Singapore.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received ten days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2117

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

To War or not to War

It is doubtful whether many students at Guy's today recollect the events of those dark days preceding the Second World War nor the subsequent six year of turmoil into which most of the globe was hurled. Even in the early days of the war, turmoil was no stranger to the hospital, as recalled in the "History of Guy's Hospital": "On 1st September, 1939, all the patients in the hospital, with the exception of twenty-seven who were too ill to move, were transferred to Brighton, and shortly after, in a great exodus, the staff, nurses and students left for a number of outlying hospitals in the sector. Guy's became emptier than it had ever been since 1725, and was to remain dispersed until the end of the war. . . ." The hospital, 335 beds in Hunt's House, was kept in readiness for emergency casualty work, and a year later, Guy's received its first taste of the enemy in the form of incendiary and high explosive bombs.

Since those days of destruction and recalcitrance men, maintaining the cult of kill or be killed, has still found it possible to wage war in some part of the world, however distant from these shores. In fact, the picture of total abstinence from hostilities over the past thirty years is indeed a poor one. The poignant fact is, however, that violence, in the form of civil war, has again visited these green and pleasant lands. A most vivid illustration of this fact was a series of photographs, in the national press, of children wearing gas masks. The captions read "London 1939" and "Belfast 1969".

We are assured that C.S. gas, the latest off the production line in "tear and harassing gases", does not cause permanent harm to healthy people. How reassuring indeed, that only asthmatics and bronchitics have their condition worsened indescriminately by this weapon. The long-term effects of such a gas on sick people must surely be just as relevant as the immediate effects on the healthy "demonstrators".

It may be a fact that in the recent disturbances in Northern

Ireland no one was so incapacitated as to be unable to leave the area of fighting. However, C.S. gas was used not on a battlefield but around people's homes which they could not leave. A lull in the fighting, of some twenty-five years' duration, it would appear has left a large part of the community without a conscience towards his fellow-citizen. The Porton inquiry into the toxic effects of C.S. gas has apparently still not been published—the public has a clear right to know all. It is not a matter of scientific knowledge but of social responsibility.

The Tower

As can be seen from the photograph published in the *Gazette* this week, the Tower is rising perceptibly, if slowly. We are beginning to get some idea of how the building will fit into the "total environment". One thing that is becoming clear is that there will remain a pleasantly open space between the back of Hunt's House, the side of New Guy's House and the Tower. This will remove most people's fear that the site will be not only dominated by what the *Evening News* referred to as "one of the tallest residential blocks in Europe", but would also be completely overshadowed and cast into outer darkness.

The *Evening News* also published a photograph of the Tower as it will be and the dimensions of the building. To enable our readers to keep up-to-date if they do not take this particular London evening paper we repeat the measurements here. The ward, or "user" block will be 398 feet high and the chimneys and lift block will be 468 feet high.

The Good Loo Guyed

Visiting the Sloane Square Loo one gets an impression of what a loo has to be like before it is awarded the coveted four-star rating in the "Good Loo Guide" and the thought is provoked "what sort of loos do we have at Guy's?" For it is surely to be expected that a "major London Teaching Hospital" will be leading the world when it comes to the provision of sanitary arrangements for staff and visitors.

A brief tour of the Hospital (limited to the more accessible male loos only) provides a rather different picture. The standard is, like the parson's egg, quite good in parts. But before setting off on the tour we preface all our remarks by humbly admitting that though clean loos are our object, cleaning them does not appeal to us and we appreciate the efforts of those who do keep the clean ones clean. So to battle.

The East wing has two suites immediately available, one in the basement and one on the first floor. It is the basement one that is perhaps the most used loo in the Hospital for it is close to the student's bar and suffers seriously on festive nights from over and ab-use. It is only the efforts of Pat and Ernie, an indefatigable pair, that keep these loos in anything approaching a decent state.

One of the least used loos, to leap to the other end of the scale, is that provided in the Clinical Students' locker room beneath the

Colonnade. This was found to be quiet, clean and well-provided with soap and towels; which perhaps is a comment on its volume of traffic. This loo rated pretty highly.

Hunt's House provides several loos for visitors. It would be thought that here was an opportunity to educate the public by example. It is obvious that the opportunity has not been seized. The providers have narrowly escaped a real blasting for the condition of these loos by having them redecorated, which must be taken as a token of their concern about the loos, but a lick of paint does not disguise corroded brasswork and faulty cisterns, not to mention a lack of soap or anything but a most primitive paper towel dispenser. This loo scored very low.

Medical out-patients' male loo is one of the few to have been modernised and it stands out as a shining if cramped example to the rest of the Hospital. It is clean and well lit and is always well provided with necessities.

Across the park in the Medical School are three of the best loos on the "Campus". The basement male loo is large, well cared for and has plenty of basins and towels. The only faults were that it is open only during the day and that the soap provided is of a peculiar variety that is guaranteed not to produce a lather in under five minutes—minor faults but it put this loo down in the league placings.

The loo that came out top of the Male League was also in the Medical School but as the door to it is marked "Staff Only" we had better not describe it further.

Crossing over to New Guy's House we get the mixture as before. The casualty loos suffer from over use and poor provisions and score low, whilst the visitors' loos (apart from their scarcity and the necessity of making sure which floor you are on before entering) are very pleasant, light and well equipped. These came a close second to that loo in the Medical School marked "Staff Only".

For those in the know, New Guy's House also provides good loos in the Take-in flat. However, since these are for a fairly restricted clientele we thought it unfair to include them in the survey. Loos are also provided in the Theatre changing rooms, but as emergency stations we felt that they were rather too remote.

The booby prize for loos goes to the loo just inside Sophies, which, unless it has recently changed, is a fairly noisome mixture of ancient, corroded plumbing and cracked wall tiles.

A mixed bag of loos then: from the svelte to the slum. The most important, those regularly visited by patients and their visitors should, of course, be the first to be renovated. The accessories first, soap, towels and hot water, followed by servicing and cleaning and finally the equipment and structure themselves.

Not one Hospital appeared in the "Good Loo Guide": it would be a proud boast if Guy's could be the first one to do so. Hygiene is one of the most important factors in preventive medicine. It would seem that our example is not yet high enough.

GUY'S CONSULTANT RETIRING

Dr. P. M. F. BISHOP

Dr. Bishop, having reached the age of 65 years, retired from the consultant staff of Guy's at the end of last month. He came to Guy's, along with Dr. Bruce Pearson, now consultant physician at King's College Hospital, from Oxford in 1926, and together they stood out as unusually able students. Having qualified in 1929, Peter Bishop held the usual house appointments, and after being an H.P. he proceeded to the R.O. appointment, having Mr. Frank Cook and Mr. McNair as his consultants. It was this appointment which led the way to his subsequent outstanding career as an endocrinologist, for it was Mr. Cook who encouraged him to take an interest in gynaecological endocrinology in particular.

Having taken his D.M.Oxon, and held various appointments in the Department of Physiology in 1943, he was made consultant endocrinologist to the Chelsea Hospital for Women, and in 1946 he was appointed to the Guy's Staff. In both hospitals he founded the Endocrinology Departments, and the former in particular has grown steadily and is renowned the world over. In 1957, Dr. Bishop was elected F.R.C.P., and in 1967 he was honoured by the Royal College of Obstetricians and Gynaecologists, who elected him F.R.C.O.G. *ad Eundem*, while in 1964 the Royal College of Physicians made him a Sims Travelling Professor to visit Australia and New Zealand.

Dr. Bishop has always been a fine teacher, and has done much for clinical endocrinology. He has been quick to recognise new discoveries, and ready to test out their clinical applications ; his numerous papers have always shown a careful and honest appreciation of the results obtained. He writes well, and was one of the founders of the Journal of Endocrinology, and his writings and interests have long included a strong interest in human fertility and infertility.

At the present time Dr. Bishop is Honorary Librarian at the Royal Society of Medicine, and has been President of the Endocrinological Section. He is also at present Master of the Society of Apothecaries. It is true to say that he has made a big contribution to medicine, and of this he must be proud.

We wish him and his wife a happy and peaceful retirement.

J.B.B.

Consultant Appointment in Guy's Group

Dr. R. GRAHAME

Dr. Rodney Grahame has been appointed Consultant Physician in Physical Medicine and Rheumatology. He has come from Professor Bywaters' Unit at the Hammersmith Hospital via the West London Hospital where he was Senior Registrar in Medicine, Rheumatology and Physical Medicine to Drs. Oswald Savage, J. T. Scott, and W. Dunham.

Dr. Grahame was educated at Christ's College, Finchley and the London Hospital, where he was awarded the Andrew Clarke Prize in Clinical Medicine and Pathology. After qualifying in 1955 he was appointed in turn : H.P. to the Professorial Medical Unit, H.S. in general surgery, Junior Registrar in Morbid Anatomy and Junior Registrar to Medical Out-patients. He obtained the M.R.C.P. in the R.A.M.C. where he completed a study into drug prophylaxis in migraine which was published in the *B.M.J.* In 1960 he entered a general practice in St. John's Wood where he spent five full and happy years. In addition to his practice work he held a continuous series of part-time hospital appointments (ranging from E.N.T. to Cardiology) and was Divisional Police Surgeon at Paddington. During this period *The Lancet* published the results of his study of methods of sterilising instruments and dressings in general practice.

In 1965 Dr. Grahame returned to academic medicine to become Medical Registrar to Professor Bywaters at the Hammersmith Hospital. Here he collaborated in a number of studies into gout and the use of Allopurinol in its treatment. The latter led to the unexpected observation that B.S.P. excretion is impaired in three-quarters of patients with gout irrespective of treatment. In 1967 he was appointed Maynard Jenour Clinical Research Fellow at the Kennedy Institute of Rheumatology. It was here that he evolved a method for measuring the elasticity of human skin in vivo. The method and clinical applications were embodied in a thesis for the London M.D. degree which was awarded earlier this year. A subsequent paper on the skin in Rheumatoid Arthritis and the effect of steroids was awarded the Council Prize of the British Association of Physical Medicine and Rheumatology. He has also read papers to the Medical Research Society, the Heberden Society and the Sixth European Congress of Rheumatology. He is shortly to contribute a paper to the Twelfth International Congress of Rheumatology to be held next month in Prague. Amongst his other published works, Dr. Grahame was co-author with Dr. W. S. C. Copeman in a chapter on Rheumatology in the British Encyclopaedia of Medical Practice—Medical Progress, 1968.

OBITUARY

Dr. Charles Albert Lillicrap, M.D., F.R.C.P.

He seemed to do everything right and in that way was a lesson to us all : a man to whom, even as a student, people in trouble would turn. He was reared in South East London, "handy for Guy's", but his parents were Devonian. His father was Sir Charles Swift Lillicrap, a distinguished civil servant who became Director of Naval Architecture and a noted bibliophile. They had much in common, asthma, a love of gentle raillery and immense popularity. When Sir Charles arrived for lunch at the Athenaeum (to which young Charles also belonged) there was always a place for him and a buzz of jollity would break out. It was the pattern for both. There is no surviving Guy's contemporary who will not remember Charles' philosophic buoyancy, gaiety and readiness to help. He had great abilities but never went in for the prizes. He had an ingrained modesty and would say "I do not wish to expose my ignorance." He was not ignorant and probably never failed an examination ; he certainly passed one when, having left something indispensable behind and returned to get it, he performed unflappably with very little time in hand. He qualified in 1935, took the London M.B., B.S., with honours in medicine in 1936, held all the most sought-after house jobs and was, of course, President of the Residents. His interest in chest diseases led him to the Brompton Hospital, whence, armed with an M.D., and a membership, he modestly set out for general practice in 1937. This was in Lincoln (with Dr. Frank Alcock, one of the famous Guy's Alcock brothers, as his senior), but it was a mere two years before he was physician to the Lincoln County Hospital, of which he was later the senior one. This was a time of very hard work, and, scrutinizing the record, he had a good deal of ill-health but his extraordinary energy and resilience were such that this never seemed to show; his inhaler was part of his personality, used to emphasise a point or to improve the timing of a joke. In all this he owed much to the unfailing help and support of that rare thing, an ideal marriage. He had brought to Lincoln a wife who will be remembered by all her Guy's contemporaries as Miss Joan Dunlop, as popular a figure among the young nursing staff as her husband had been among the medical staff. It was after the War that their life came to its full flower. There was, predictably, a departure to consultant practice. They had an enchanting family of two daughters and a son. They lived now in a curious and interesting mediaeval house under the shadow of the cathedral, with one of the finest street views in England. Many Guy's men, and very many citizens of Lincoln, will remember this as a centre of great hospitality, with *haute cuisine* and where wines were understood, dispensed with geniality and fun, among a strange collection of fish jugs and of unobtainable gramophone records of historic interest. The talk might be on anything for both host and hostess were good talkers. Motoring and travel were interests, and Charles was an Alpine rallyist. He was at his best as a brilliant raconteur, aided by a long memory, a high humour, a feeling for the *mot juste* and a sense of timing. It was customary to tease him that his stories were long, and this was to get the more delight from their prolongation. Meanwhile, he was in public life, medically and otherwise. Always public-spirited although never one to push himself forward, and his work bringing him in touch with all conditions of life, he saw that there was much to be done, and so for years lent his energetic ability to the City council as an independent member, busying himself particularly with housing and public transport. He was Mayor of the City in 1956, and his wife, devotedly and with distinguished elegance, received guests and opened bazaars. In 1959 he was elected F.R.C.P., a person carrying great professional responsibility and whose opinion was widely in demand, and was chairman of the Lincoln division of the B.M.A., later to be heavily involved with the work of Management Committees and, among all his other duties,

to serve on the Sheffield Regional Board. He gave so much because he had so much to give, and, because he gave so much, this was a full, rounded, and distinguished life. It ended very suddenly, fortunately with his two married daughters, and his son who had just acquired his degree, all having a very happy stay in the family home. This was on 11th August, 1969, which, sadly, happened to be his flfty-seventh birthday. Things are no longer the same.

M.P.

THE TOWER

The latest aerial photograph shows the construction of the Tower from the east. The User Tower is up to the 6th Floor and the Communications Tower up to the 8th Floor. The low construction wrapping round the south-west corner of the User Tower will house the new boiler plant and other engineering equipment. Only the North Light remains to be constructed to the Boiler House roof. The construction which fills the space between the Tower and New Guy's House is also at roof level and will contain changing accommodation for Theatres and a Receptionist's Office, Reception/Recovery area for patients and a Night Admission unit.

THE BIBLE AS LITERATURE

by

G. L. Davies

Among those pen-portraits of 14th century worthies whom Chaucer depicts in the Prologue to the Canterbury Tales, it would be surprising if he had omitted that of a doctor, and of course he didn't :

"He knew," said Chaucer, *"the cause of everich maladye*
Were it of hoot or cold or moiste or drye
And where engendred, and of what humour:
He was a verray parfit practisour."

Then, after some more encomiums he adds slyly :

"His studie was but litel in the bible."

But he hadn't quite finished with him yet for he adds again :

"He kept that he wan in pestilence,
For gold in phisik is a cordial,
Therefore he lovede gold in special."

One wonders, therefore, whether the doctor had joined the pilgrimage which was destined "the holy blisful martir for to seke" out of pious convictions, or merely in the hope of making something out of it in the way of fees. It is a popular impression that doctors are either atheists or agnostics, as much as it is the impression that doctors should never be ill, or, if they are, that they should know what to do in order to get speedily better.

To have as one's boyhood background a country parsonage is not necessarily a guarantee of living a righteous, godly and sober life; but to have superimposed upon it a medical education is at least to be left with the impression that "Virtue is its own reward". I well remember in my schooldays the case of the boy, something of a wild colt, and from a similar background, who was dying of diphtheria in the school Infirmary. To the consternation of those at the bedside, at the moment of expiring, he muttered the single word "damn". Amongst those present at the time was the Headmaster, a somewhat puritanical sadist who would as soon give you a dozen strokes with a cane over the back of a chair as look at you. One imagines that after this particular experience he would perhaps be like that early English king who, after some sad domestic trouble, was said never to have smiled again. No doubt it would make him more determined than ever not to spare the rod. In spite of that rather pathetic demonstration on television one evening of corporal punishment by means

of a bit of a leather strap, it is doubtful if the discipline of our day ever produced any neurotics, unless they were perhaps genetically neurotic. Nevertheless one boy, a rather quiet, studious boy, who a few years later won the V.C. and spent his life as a clergyman and schoolmaster, did speak rather sadly in a book which he wrote of the somewhat draconian régime of our day at the hands of Headmaster and prefects.

To have been brought up, so to speak, on the English Bible, that is the Authorized Version of 1640, as it is called, is to resent at first the wholesale interference which has been going on with it for several years. Even the title, "The Bible designed to be read as Literature", one found at first to be somewhat provocative; but the re-structuring of the Bible which took place round about 1950 has everything to commend it. To make changes, often unnecessary ones, and I now refer to those made in the Bible and the Book of Common Prayer in the last few years, is no doubt to some people a form of progress. They are the sort of people whom Peter Simple might refer to as "progressivists" and "verbalisers". Perhaps it was thought that more people would attend places of worship if the form of service were made more intelligible; if some of the archaic expressions were made more colloquial in Bible and Prayer Book. But one has only to watch people lustily singing hymns which are clogged with sentimentality to realise that many of them are not in the least conscious of this, so it is not the form of service which keeps them away. Even the old lady blithely singing: "Praise him for his grease and fever" was no doubt imbued with as much sincerity as those who sang with greater clarity: "Praise him for his grace and favour". There is no consistency in the alterations which are made. Patches will have received "attention" and long tracts will have been left as before. Sheer pedantry crops up here and there. E.g., instead of Christ saying, "Show me a penny", he is made to say, "Show me a denarius". Christ, after all, was a Galilean and not a Roman, and, in any case, the word "penny" could still serve the purpose and be more intelligible to people with "little Latin". Again, in one of the gospels for one of the Sundays after Trinity, infractions of the Seventh Commandment are referred to as "immorality". Why in Heaven's name all this reticence in the second half of the 20th century? Don't people read the newspapers? Elsewhere we are asked to be defended against "party spirit". What exactly, one wonders, does this mean in the particular context? Are we never to get away from politics? But perhaps we can forget these latter day innovations which interfere with the beauty of the Authorized Version, and that means going back to 1950. We can now obtain a Bible well and clearly printed, and the old form of Bible with its two columns of small print with various notes and hieroglyphics in a column on the left-hand side are abolished. Poetry is printed as poetry and not prose, e.g. The Psalms and The Song of Songs. There is a continuity in the prose, and it is not broken up into verses and, arbitrarily, into chapters. The format consists of a clear, easily-read print on a background of thin white sheets of paper about a foot in length and about nine inches in width, the whole

presenting a very attractive invitation to read "the Good Book". Except for the books of Job, Ecclesiastes, The Song of Songs and Proverbs which are printed according to the Revised Version, the remainder is in the Authorized Version of 1640, or the King James I Bible, as it is sometimes called.

Though Kingdoms wax and wane, much of the Arts produced in them lives on, and literature more than any. When Shakespeare said :

"Not marble, nor the gilded monuments
Of Princes shall outlast this powerful rhyme",

he was obviously only copying our old friend Horace who, some 1,500 years earlier wrote :

"I have raised a memorial more lasting than bronze"

(Exegi monumentum aere perennius)

and indeed he did, but Shakespeare has a long way to go yet in the matter of longevity compared with Horace. However, it is clear from recent letters in the Press that, where the beauty of the written and spoken word is concerned, there are philistines and iconoclasts amongst the clergy themselves, and one presumes that the Convocations of Canterbury and York have had their say. In fact, as far back as 1954 the Dean of St. Paul's (Dr. W. R. Matthews) in an article in the Press wondered what they would have done about some books of the Bible if they had had the task of compiling the list of sacred writings. Would Ecclesiastes, he wonders, with its attitude of cynical disillusion and the refrain "Vanity of Vanities" have passed the test, or the Song of Solomon, which is a passionate love lyric; or the Book of Job which is a magnificent poem on the problem of suffering, and ends with the problem still unsolved; or the Book of Esther, an exciting story of intrigue and counter intrigue in which the name of God does not occur.

When we come to consider the Psalms we have to remember that they are essentially poems, and must be treated as such. We have got to remember, too, that there is no metre in Hebrew poetry. It expresses what it has to say by what is known as "parallelism", that is the same thought is expressed twice, but in different words. Good examples of this are :

"He that dwelleth in Heaven shall laugh them to scorn:
the Lord shall have them in derision"

or again,

"He shall make thy righteousness as clear as the light;
and thy just dealing as the noon-day."

The Psalms are alive with beautiful imagery relating to Nature; and those of us who had to attend school chapel, much as one had to go on parade in the Forces, got to love them, and have retained much of them in our memories all our lives. To read the Book of Proverbs as set out in the Bible which we are discussing is to be astonished

at the modernity of the aphorisms therein incorporated. No apologies will be made for the following quotations. One does not need surely to write in any pietistic spirit to urge people to read cryptic morsels of wisdom the source of which, perhaps, would leave one guessing if asked for it at any given moment. These come from the Book of Proverbs :

"Hope deferred maketh the heart sick."

"Spare the rod and spoil the child."

"A soft answer turneth away wrath."

"Rejoice O young man in thy youth for the evil days draw nigh when thou shalt have no pleasure therein."

"Cast thy bread upon the waters and thou shalt find it after many days."

To terminate what might be an almost endless task, it is of interest to note that Ecclesiastes (probably written in the 2nd century B.C. by an unknown writer) only affirms the pessimism of Job as to the value of existence. It has been a favourite book of the Bible amongst unbelievers, and, though I would not include myself amongst them, I have always found it interesting.

For those of us who have had to lead studious lives perhaps one cannot better draw to a conclusion than with the following two quotations from Ecclesiastes :

"Of making many books there is no end: and much study is a weariness to the flesh."

"For in much wisdom is much grief
And he that increaseth knowledge increaseth sorrow."

CORRESPONDENCE

Fallot Photographs

SIR,—In the article on The History of the Evelina in the last issue of the *Gazette*, we unfortunately omitted to mention that the infant who had total correction of Fallot's Tetralogy was the world's youngest reported survivor following this operation and was operated on by Mr. Donald Ross.

Yours, etc.,

P. R. EVANS,
MICHAEL JOSEPH.

Department of Paediatrics,
Guy's Hospital,
London Bridge, S.E.1.

That Was The Way, That Was

SIR,—We live in a time when satirists of all kinds flourish and make full use of all the modern methods of communication to acquire an easy fame. They are often clever rather than witty and iconoclastic rather than analytical. By being well informed about her subject as well as well intentioned towards her victims, Mrs. Marney Hallam in her article, "An Old Look at Nursing and Hospitals" shows how to use satire in a truly entertaining and perhaps constructive way.

Yours, etc.,

M. K. SALMON.

10, The Downs,
Wimbledon, S.W.10.

NOTICE

Dental Ball

The Annual Dental Ball will be held at the Hilton Hotel, on Friday, 7th November, 1969, 8 for 8.30 p.m.

Dancing will be to the Bill Saville Orchestra; Les Tropicanos; Discotheque in the Crystal Room.

Price: Double Ticket 5 gns. Reservations 5 or 6 couples per table.

Application for tickets should be made to A. S. Blinkhorn, c/o Dental Department, Guy's Hospital, before 20th October.

MOTOR MEDICA

by Harry Scott, L.D.S.

Austin Maxi

Mitte. Roomy five-door saloon, easy internal conversions, front wheel drive, hydrolastic suspension, five-speed gearbox, 74 bhp, 87 mph, 0-60 16 secs., £979.

Rounded and easy to clean, the body is a functional, not unpleasant, shape. The bonnet is self-propping and the single overhead camshaft 1485 c.c. engine and its ancilliaries is easy to reach. The large rear door, with gas-filled struts to aid opening, reveals the ingenious interior. Even with the rear parcel shelf in position the boot is quite large and well carpeted, with the spare wheel in a cradle beneath, whench it is wound down with the wheelbrace. The rear seat squab is held by neat catches and folds forward to make a vast "estate car" area, or backwards (when the seat is propped on small legs to level it) to make a double bed. All these movements are very easily accomplished and all the seats fit into each other well. Room inside is excellent and the wide doors (from the 1800) make ingress simple. The front seats, being flat, do not hold their occupants but are otherwise comfortable and can be reclined right down to the horizontal. The floor is carpeted and PVC trim elsewhere well carried out. The black fascia is rather cheap looking and contains eyeball ventilators at either end, there is an adequate heater and extractors in the rear door. Heating and ventilation are good, but not exceptional. Two round instruments are deep set in front of the driver and a stalk beneath the steering wheel controls indicators, headlamp flasher, dip and horn. The handbrake is well placed between the seats, but the long gear lever seems too far forward for tall drivers.

The steering wheel is at a better angle than on the other B.L.M.C. FWD cars, making the driving position far superior. Vision is excellent all round, especially to the rear where the rear window is near the extremities.

The rack and pinion steering is light and positive, but low-geared at 4.2 turns with a 34ft. turning circle. Occasionally, on twisty roads, it is necessary to work hard on the number of turns required. Pedals are well arranged and the brakes very good with a light, progressive feel.

The ride is excellent over most surfaces, a little harder than its hydrolastic sisters and better for it. At speed over poor surfaces the rear passengers are thrown about somewhat, but it is still comfortable in the front. The engine is very smooth at all times, but it does not produce as much power as, I feel, it should. The MAXI gets along quite well and, for those for whom it was designed it is adequate, but this handling and road-holding could cope with much more poke !

The gearbox has five well-spaced ratios with fifth a relaxing cruising gear, but the car is actually faster in fourth, albeit much noisier. The gear linkage is poor and emits a click at each change, it is also somewhat indefinite which is a pity for the first British mass-production car to have the modern five-speed conception. The body shell is rigid and the MAXI is a restful as well as a safe and predictable car to drive.

The good instruction book even notes drain points in the bodywork—this is the first time I have seen this, it also states that tuning parts for the MAXI are obtainable from the Special Tuning Department. I should imagine they could make a big difference !

Maintenance is required at 3,000 (minor) and 6,000 (major) mile intervals. Tank capacity is 9 gallons and 100 octane fuel is recommended, although the engine runs happily on 98 octane.

For the family man or someone who carries large articles this is a very versatile car, its design is ingenious and it works well. It would seem an excellent choice as an all-round car and I already know at least one general practitioner who is finding one first-class in his practice.

BOOK REVIEWS

IMMUNOLOGY IN CLINICAL MEDICINE.

J. L. Turk, Heinemann. 220 pages. 40s. net.

"This book has been written to present immunology to students and practitioners of clinical medicine."

The claim is a fair one, for the presentation is clear, the diagrams comprehensible and 220 pages just about right for the reader who is not basically an immunologist but who wishes to get to grips with this growing branch of medicine. Within a few years there has been a proliferation of textbooks of immunology and there are now many excellent books of reference that cover the field in detail. This book is not a work of reference, but it has the great virtue of being readable, brief and to the point. It is written by an immunologist whose own contributions to this field are by no means negligible, and it covers many subjects which range from the mechanisms of immunity and of immunological diesases to immunosuppression and transplantation. It will undoubtedly be popular with the large number of people who want an introductory book on this subject that is authoritative without being incomprehensible.

M. H. LESSOF

LECTURE NOTES ON BACTERIOLOGY.

R. R. Gillies. Blackwell Scientific Publications. 188 pages. 20s. net.

This short book is intended to save students from note taking during lectures. How successful this idea will be depends on how closely the local course follows its contents, but as a text book it will be too short for most students. I would, however, strongly advise anyone starting bacteriology to read the first 60 pages which are devoted to the general principles so often overlooked.

The remainder of the text is devoted to individual bacteria and some technical problems such as antibiotic sensitivity testing, and are to my mind too brief. However, they would form an easy introduction to the subject before embarking on a more detailed study. It is a pleasant book to read and has many useful chapters. It is well worth looking at to see if it appeals to one's taste.

R. H. GORRILL.

SCOLIOSIS.

Edited by P. A. Zorab. Six other contributors. William Heinemann monograph series. 85 pages. 25s.

The wide separation which is occurring in the various branches of medicine as a result of specialisation makes it increasingly difficult, for the specialist, to appreciate the problems of other specialists. It is consequently refreshing to see collaboration between Physicians, Surgeons, Radiologists and basic Scientists as in this little monograph, and it is perhaps surprising that an ancient disease like scoliosis has had to wait so long for this to occur. The book is clearly written and the text reinforced by first class illustrations. The cardio-pulmonary, surgical and radiological problems met with in scoliosis are very well covered. The book would appear to be directed towards anyone who has an interest in this subject, and as such should be read by all medical and nursing staff who have to deal with these children. It is not a book I would recommend to the medical student for his own library, but two or three evenings spent by a senior student in digesting its contents would go a long way to explain the disordered cardiac and respiratory function which accompanies any severe chest deformity.

W. A. CRABBE.

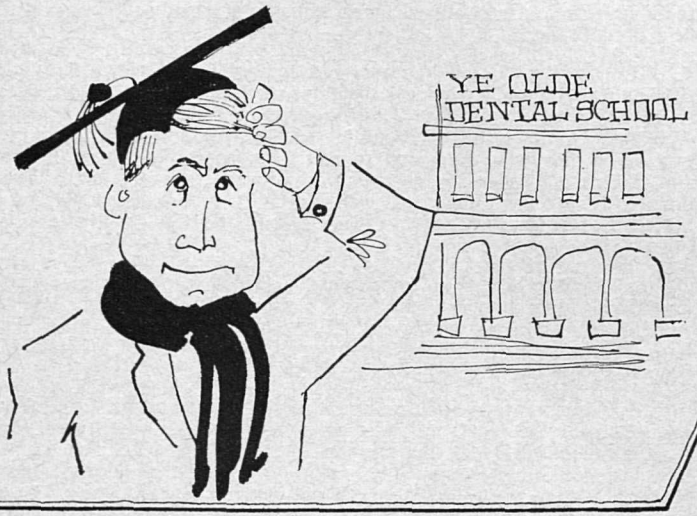
SPORT

With the publication of the Cricket Club averages, the sporting scene has turned full circle once more, leaving the stage free for the "winter sportsmen". The Rugby Club began last Saturday with an impromptu match against Ruislip. The 1st XV faced a side of moderate talent, but much endeavour, and after a fitful game, Guy's were easily successful by 29 points to 6. The team sported a much changed line-up from last year's side; owing partly to the ravages of holidays, honeymoons and "specials", but mainly due to the loss of four of last year's centres! Of these, two have given up medicine, one has returned to the North West of England, and the fourth has journeyed to Nepal for two months. However, the team showed great promise, and with the drive of the new Captain, John Ross, and a little luck, this should turn out to be a highly successful season. We should add that good support for the team would be most welcome and helpful, so we hope there will be as many people as possible at the future games. On Saturday, the 13th, there is a home game against Bromley, and the week after 20th September there is the Blackheath match, again at H.O.P.

The second XV had a far less hopeful start; there was a very limited reserve of players, and a makeshift side came up against a fitter, bigger team in Ruislip 2nd XV. A total lack of possession limited the opportunities of attack for Guy's, and despite scoring first, the team were sunk 30 points to 3.

Three members of Guy's have distinguished themselves in representative sport lately. David Adams, after reaching the 6th round of the Welsh Amateur Golf Championship, was selected for the Welsh team. While Roddy Jones was selected for the Welsh water polo team. John Novak, Guy's Rugby emigré to Harlequins, went on the Bosun's rugby tour to Ceylon in July and August. Unfortunately, on his return, he fractured his radius playing for Surrey against Devon, and will be unfit for several weeks.

AFTER GRADUATION... WHAT?



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CLUB TOUR, 1969

The team with their usual perennial pre-tour excitement at last managed to organise themselves enough to reach Basingstoke in ample time despite the fact that one well-known aristocrat had to visit one of his many cricket bat factories for the purpose of collecting Rag VI. This superb bit of machinery was subsequently admired and envied by all but was not to find its way on to the cricket field until Friday.

The first match of the tour was against Basingstoke. Guy's took to the field only to be told by a local spectator to "clear off the square" as a game was to be played on it that day. The boys were a little perturbed by this set-back to their already rather shaky self-confidence but, to add insult to injury, after about two overs they were staggered to see a landrover appear in the outfield, park, and three men unpack a marquee and proceed to put it up. The opposition's umpire, Dick "The Finger", Lovell was a little nonplussed by this performance but in the end decided that the best thing to do was to give their best batsmen out l.b.w. as soon as possible!

Basingstoke scored a competent 177-8 before declaring rather belatedly to give Guy's little chance of scoring the required runs. In fact it turned out that such a declaration was a little flattering as the side slumped to 27 for 5 within an hour. It was left to Mike Appleby (39) and David Crafts (26) to play out time and force a draw with Guy's stranded at 101 for 5.

The journey to Selbourne was accomplished not without incident, and the proprietor of the local pub was, as ever, delighted to see us. While the team was at Selbourne, Ade, that woman-killer of Harringay, picked up a charming, if a little amorous, young lady. However, as she could not manage to reach Victoria Station the following week and he had no "pot" to share, the romance never flowered. Also at the pub Richard Kendrick performed his famous confidence trick to procure himself a stool to sit on, much to the surprise of the unwitting donor!

The journey from Selbourne to Thatchings was highlighted by the breakdown of the palatial Ragbag. However, the owner diagnosed the trouble immediately and mended it very professionally by buying a new battery on the spot. The certainty of the diagnosis appeared irrelevant in the circumstances!

Thatchings had not run away in fear when the team arrived but one felt it visibly shivered at the thought of events to befall it in subsequent days. The well-trained team bravely took their evening medicine of Gin and Whisky before retiring to bed—some in bedrooms, others in tents. Just before 1 a.m. all the residents were treated to a striptease show by Charlie who looked radiant as he patrolled the stairs with nothing on. Pennant laughed so much that he fell flat on a passing carpet!

The day and night got under way with a very good game against Pagham. Guy's were given a very good start by Adrian Gillham and David Silk which was of great importance to the later batsmen who could score freely without the usual fear of shortage of wickets in hand. Consequently, Guy's had a very admirable and formidable total of 199 for 6 wickets by 5 o'clock. Robert Goodhart scored a very fine 62 and Mike Appleby and Adrian Gillham both contributed with scores of over 40. When Pagham batted they began to prove just how good the Guy's batting had been; the wicket was very damp and was taking a bit of "seam". They only began to look capable of scoring runs while their new import from Bognor was at the crease. When he was out it was simply a question of whether Guy's had the time to get them all out. All the bowlers bowled well and the supporting fielding was good especially considering the pouring rain that fell for most of the innings. But, despite all, time ran out and Pagham, at 145 for 9, luckily scraped a draw.

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RN
ROYAL NAVY

Sunday morning was a rather touchy and hurried affair for the curry eaters! The 11.30 start for the Bognor game did not excite anybody especially as the toss had been lost the night before. However, the team managed to make the worst of things and drop most catches offered before lunch, to put Bognor in a strong position. After lunch, thanks mainly to some good, consistent spin from Mike Appleby, the scoring was less free. Some catches were held as well—in fact Richard ("We heartily approved") Kendrick took a good skier at deep mid-on despite the trail of terror behind him. Bognor declared at 214-7 with Mike Appleby taking 4-64. Guy's, as usual, crumbled to the bowling of a slow bowler. In a total of 145 all out Robert Goodhart scored 90. This 90 was a really superb innings; he dealt very well with slow and fast bowler alike but lacked any support at the other end. Consequently Guy's lost badly to Bognor for the third successive year. The side could have scraped a scrappy draw through the superb counter-attack of Geoff Reynolds and Charlie Pearson, but the former player was unluckily "cut down" in full flight by some doubtful umpiring. Yet another riotous evening was rounded off by the midnight curry which in turn was followed, the next morning, by a distressing breakfast.

Monday took the team to Worthing, some in cars and others in "hovercraft"! Guy's who batted first, progressed slowly but surely on a slow, wet wicket. Both Adrian Gillham and Bob Clark scored good fifties and enabled the side to declare at 172 for 5. Worthing, as usual, made batting look absurdly easy and won relatively comfortably considering the task they were set. Despite the onslaught that the Guy's bowlers faced, they maintained length and direction faithfully and were supported by agile and spirited fielding. Worthing, in fact, won by 7 wickets but the Guy's performance was most respectable. An old Worthing acquaintance told us how well he remembered us and our old player Semmence from Edinburgh University; Pennant showed the "gut" the respect he deserved by falling asleep immediately!

Tuesday and Wednesday were days off from cricket for the boys to practice a little serious drinking. Tuesday morning, noon and night saw us move from the Butlin's atmosphere up through the social strata to the exclusive entertainment world of Jon Pertwee and company; "Lobster Chops" Crafts attempted a little amateur dramatics to impress, whilst Casanova Kendrick made no impression on the lovely Irish hostess of whom all so heartily approved.

Thursday was the last day and the weather held well for our match at Cuckfield. Sir Leonard Lindridge pushed his car all the way from London speciallly for the occasion! Guy's fielded first, only to be hammered around by a young Charterhouse boy. However, Bob Clark bowled the side back into the game with 5 for 48 to dismiss Cuckfield for 232. Guy's in reply started very well with Adrian Gillham and Charlie Pearson sharing a good opening stand. After Charlie's dismissal Adrian and Robert Goodhart set about the bowling to put Guy's up with the clock and well on the way; Gillham reached his second successive fifty and Goodhart scored 29. When these two went Guy's rather fell apart and were soon all out for 148, their fall being accelerated by "some" more dubious umpiring.

So ended another tour which was , as usual, very successful socially if not on the cricket field. Everyone enjoyed themselves immensely and took home rich suntans.

D.R.C.

GUY'S HOSPITAL CRICKET CLUB v. NOMADS

Result: Guy's won by 137 runs.

On a hot, humid day, Guy's won the toss and elected to bat. The opening batsmen played well and 74 runs were on the board by lunch for the loss of 3 wickets. After lunch, D. Crafts batted with authority and scored 75 runs not out, hitting the slower bowlers off a length. P. Newell forced the tail to "wag" and, using his full repertoire of scoring strokes, hit a very quick 22 runs.

The Guy's opening attack proved formidable and soon penetrated the Nomads' defences. D. Crafts was fast and accurate and frequently turned the ball off the pitch for 5 wickets costing 32 runs. R. Clark opened from the Grandstand end and made ideal use of the conditions to take 5 wickets for 14 runs and the Nomads were dismissed for 47 runs.

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M.3

GUY'S HOSPITAL CRICKET CLUB v. LLOYDS BANK

Result : Guy's won by 3 wickets.

Guy's won the toss and put Lloyds Bank in on a good batting wicket which proved to be a little slow. M. Fordham took 5 wickets (all of them catches) for 22 runs, and R. Clark bowled well with 4 wickets for 14 runs.

Guy's batted well and made the runs for 7 wickets. It took D. Crafts, batting low down the order, to consolidate the end of our innings and hit 51 runs.

GUY'S HOSPITAL CRICKET CLUB v. LONDON NEW ZEALAND

Result: Won by 5 wickets.

London New Zealand batted well and our opening attack found it hard to penetrate on a perfect batting wicket. D. Crafts took 4 wickets for 37 but the most consistent bowling came from M. Appleby, who practised a multiplicity of deception with variance of spin and flight. The last of their batsmen were dismissed with 228 runs on the board.

Faced with a really big total even by "whole-day game" standards, both our opening batsmen hit the ball well and produced the highest opening partnership of the season. A. Gillham scored quickly to make 54 runs before being bowled and D. Silk made 64 runs before the ball found a thick edge and was collected by gulley. Towards the end of our innings R. Kendrick batted well and reliably, and M. Appleby hit 36 runs very rapidly to win the match.

GUY'S HOSPITAL CRICKET CLUB AVERAGES, 1969

Result : Played 33, Won 9, Lost 17, Drew 7.

Batting

Name	Innings	n.o.	Highest score	Total	Avg.	50's
M. J. Appleby	12	4	79*	393	49.1	2
R. A. Goodhart	25	5	98*	760	38.0	7
A. R. Gillham	31	2	80	820	28.2	6
R. K. F. Clark	31	3	116*	664	23.7	3
D. R. Crafts	25	9	75*	348	21.7	2
R. J. Burns	20	3	70	348	20.5	2
D. B. A. Silk	16	0	64	218	13.6	1
J. Scoble	13	3	40	132	13.2	–
R. L. Kendrick	19	1	20	150	8.3	–
R. Lovell	10	1	26	70	7.7	–
D. L. Lindridge	8	0	16	56	7.0	–
C. R. Pearson	19	5	29*	94	6.7	–
C. Debenham	11	4	11	11	5.3	–
M. J. Fordham	14	6	4	10	1.3	–

* Denotes not out.

Bowling

Name	Overs	Maidens	Runs	Wkts.	Avg.	4 wkts. or more
R. A. Goodhart	93	26	246	18	13.7	1
D. R. Crafts	532	125	1423	93	15.4	11
R. K. F. Clark	425	109	1245	72	17.3	6
M. J. Fordham	241	52	778	34	22.9	2
M. J. Appleby	89	16	328	13	25.2	1
C. R. Pearson	138	10	613	16	38.3	–

Catches : Crafts, 17; Goodhart, 16; Gillham, Debenham, 15; Clark, 14; Kendrick, 10.

Highest total—for : 230—5 v. London New Zealand.

Lowest total—for : 63 v. Highland Court.

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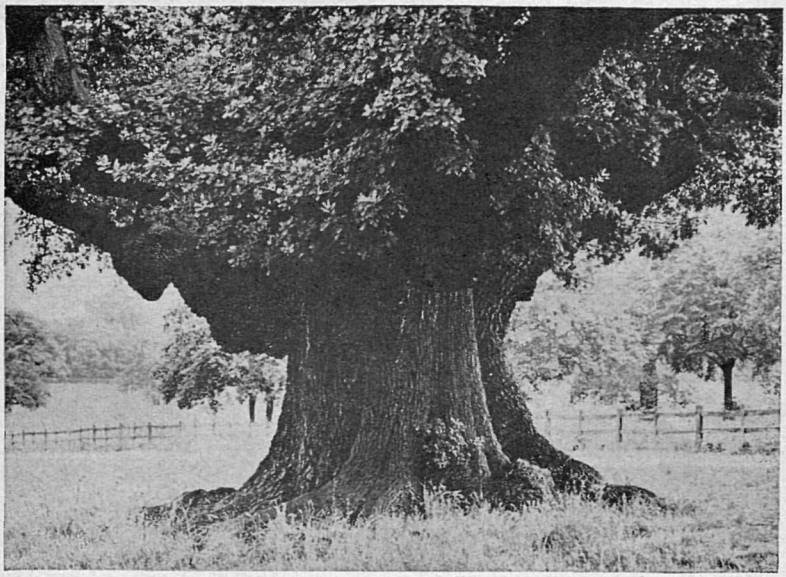

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HEREFORD—Third partner required following the death of a senior partner, young principals, central surgery appointment system. Full ancillary staff and nursing. Health visitor and Midwife attachments. Open X-Ray, Path. and Physiotherapy. Vigorous Postgraduate Centre. G.P. Obstetric Unit. Box No. 1/9.

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Dr. D. L. Byer, 691, Welford Road, Leicester, L.E.L. 6F.Q.

Dr. Michael C-K Chan, 9, Surin Lane, Singapore 19.

From 1st October, 1969:- Dr. and Mrs. M. A. Coe, 39, Lauderdale Street, Edinburgh, 9.

Miss J. M. Greenwood, B.D.S., 48a Lensfield Road, Cambridge.

Dr. and Mrs. A. S. Horniblow, 51 Theodore Street, Curtin, Canberra, A.T.C., Australia.

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Mr. and Mrs. T. W. Jamieson (Charlotte Taylor) 65, Hawthorn Bank, Carnock, Nr. Dunfermline, Fife, Scotland.

Miss I McCrea to:- Mrs. I. Stevens, 104, Hawkins House, Dolphin Square, London, S.W.1.

Dr. R. S. Bruce Pearson, D.M., F.R.C.P., The Spinney, Priorsfield Road, Godalming, Surrey.

Until 1.9.1970:—Dr. D. Pickering, c/o Wisteria Cottage, 16, Pettiwell, Grasington, Oxfordshire.

Dr. and Mrs. D. A. Rees, 10, Acrefield Drive, Cambridge.

Dr. A. J. Richards, 10, One Tree Close, Honor Oak Park, Forest Hill, London, S.E.23.

D. J. Richards, Esq., F.R.C.S., Princess Alice Hospital, Eastbourne, Sussex.

From 1st September, 1969, Graham and Edwina Ross, Cuan Cottage, 19, Haven Lane, Ealing, London, W.5. Tel: Parents 997 6342.

Dr. John F. Seaele, 4 Glen Court, 21 Abbey Road, Brighton, 7, Sussex

Dr. D. A. Tait, 11, Bryning Avenue, Wrea Green, Preston, Lancs.

Dr. G. L. B. Thurston, 57, Belgravia Court, Ebury Street, London, S.W.1.

Mr. G. F. Willcox, 2, Garner Close, Northill, Bedford. Tel: Northill 374.

Air Vice Marshal R. O. Yerbury, Headquarters, Training Command, R.A.F. Brampton, Hunts

BIRTHS

GRAHAM—On 15th August, 1969, to Doreen (née Miller) and Martin Graham, a son (William James Angus).

HORNIBLOW—To Molly and Arthur, a daughter Mary Frances, 15.8.69. at Canberra, a sister for the other six.

LANE—On 21st August to Mary and Robert Lane, a son Jeremy Robert

LATHAM—On 27th July, 1969, at the Sussex Maternity Hospital, to Sheila and Brian Latham, M.R.C.P., a daughter Catherine Joanna, a sister for Carolyn and Susan.

DEATH

WILLIAMS On 22nd July, 1969, Hywel Penn Rhys Williams, L.D.S.R.C.S. Eng.,

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2118

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Guys Abroad

Those students and professionals whose studies or work take them abroad are indeed the fortunate few. It is undoubtedly true that "travel broadens the mind", but for those less fortunate listening to the tales and reading of the exploits, of those recently returned travellers, is the only way in which they catch a glimpse of foreign parts.

With this view in mind we are eager to encourage any readers of the Gazette to write about their travels and those parts of the globe to which their work has taken them. Many students spend periods of three months abroad on "specials", and up to a year on Voluntary Service Overseas. There are numerous Medical and Surgical seminars and meetings abroad which many of our readers attend We feel sure that all these accounts of Guys abroad are of wide interest and should like to keep you well informed in this and subsequent editions.

New Subscribers

Being the only fortnightly hospital journal in London, the Gazette forms an invaluable link between the hospital of today and those students and staff of yesteryear. It is therefore, indeed unfortunate that many recently qualified Guy's men and women are no longer inclined to read the Gazette. Admittedly the Gazette is free to all students and no effort is required to casually glance through the pages. However, the weak point in the chain comes when the recently qualified student leaves S.E.1. Realising the problems facing the newly qualified in beginning a job and starting a new home, time is at a premium. Nevertheless it would not take much time to think about maintaining and even strengthening this link, by continuing to read the Gazette.

A Short Trip and L.S.D.

A G.P. living in Surrey recently received a "trip" from a Guy's House Surgeon. Unfortunately the franking machine had misfired and missed the envelope in which the trip was posted. This put the G.P.O. into a fury and they charged the poor G.P. eightpence for the privilege of opening the envelope. Having paid such a sum the poor fellow was rather dismayed at the brevity of the communication enclosed, accurate though it was. With courteous good humour he wrote back to the H.S. as follows:

"We all consider and admit
That brevity's the soul of wit
And I acknowledge and opine
That statements made in half a line
Are less than likely to confuse
The dim recipient of one's views.
But all the same, you must concede
The privilege it is to read
Your very nearly "non-report"
Might almost be too dearly bought.
It's not that I begrudge the bob—
Eightpence, and then to end the job
another fourpence on this note—
It's just that I shall tot-
-ally repudiate your next,
And typed, edition of this text,
Provided that I recognise
The envelope in which it lies.
So will you kindly, when you write,
Endorse the outside—or you might
invaginate the flap—don't damp
the gum: unless it's on the stamp!

J.A.C.B.

(Not from Guy's. Ed.)

GUY'S DIARY

OCTOBER

2	Th.	1.00	Clinical Lecture. Mr. LAWRIE. "Abdominal Incisions".
6	M.	1.00	Clinical Lecture. Dr. LESSOF. "Adrenal Failure".
9	Th.	1.00	Clinical Lecture. Mr. WASS. "Swellings of the Parotid Gland".
10	F.	2.15	Combined Round in Preclinical Classroom. Chairman, Dr. LESSOF.

OBITUARY

Dr. Hugh Barber

Hugh Barber, who died recently at the age of 92, had been a distinguished physician at Derby for sixty years. He was a student at Guy's in the last years of the nineteenth century when Henry Howse, who had journeyed to Edinburgh in 1870 to study Lister's antiseptic methods and introduced them to London and Guy's, was a senior surgeon. Hale-White and Cooper Perry were younger physicians and Charters Symonds and Arbuthnot Lane younger surgeons.

Barber was born at Sheffield in 1877, the son of Christopher Barber, a stockbroker, and came of a Quaker family with long medical traditions. After schooling at York, and Owens College, Manchester, he came to Guy's and, like many others, loved it all his life.

Here he did well and after the usual house appointments, was chosen as Medical Registrar for 1903-06, days when there were only two of them. Then, wanting to get married, he decided to join Dr. George Price in family practice at Derby. Probably he felt sure that Arthur Hurst would be the next physician on the staff, and indeed he was appointed the next year. Hurst had been his pupil and often emphasised what a fine teacher Barber had been as registrar.

Barber played cricket and football for Guy's and the United Hospitals. He had already captained Yorkshire's second eleven and twice played for their first eleven.

Two years after going to Derby, he became physician to the Derbyshire Royal Infirmary. In 1914-18 he served as pathologist to the 39th General Hospital, B.E.F., in France. After the war his consulting work increased considerably and he took the membership of the Royal College of Physicians in 1926 and was made a Fellow in 1933, only the second to practise in Derby. He became a member of the Association of Physicians in 1929, then an unusual distinction for a physician of a non-teaching hospital. He founded the East Midlands Society of Phyisicians in 1943, the first of many similiar regional societies. Having won the Derbyshire golf championship in 1913, he still played for the county when he was 60.

His wife died thirty years before him, and one daughter, a distinguished bacteriologist at Hammersmith, was killed in a motor accident. But three daughters survive him, and nothing gave him greater happiness than taking his grandchildren up Scafell Pikes and Great Gable.

Barber's most important work was as a physician, because, in addition to his extensive knowledge of medicine and commonsense, he had wide understanding of and deep sympathy with most men and women. His work on renal rickets or renal osteodystrophy and on traumatic injury to the heart, especially "Electrocardiographic changes due to trauma" (*Brit. Heart J.*, 4, 83, 1942), were additional distinctions.

It was partly for this paper that he was elected to the British Cardiac Society. Here I grew to like him and admire him, and we had many talks at their meetings during the next fifteen years. He gave me his 1959 book "The Rewards of Medicine and Other Essays", many of which had appeared in the Guy's Hospital Gazette. It is an excellent bedside book for any doctor.

His earlier book "The Occasion Fleeting" shows how a physician trained in observational medicine felt, thought, and spoke in the first half of the twentieth century. These comments are made to persuade some of you to read these books of a great physician who would have been a wonderful undergraduate teacher.

Maurice Campbell.

PAPERS BY Dr. P. M. F. BISHOP

A tribute on his retirement

Compiled by the Staff of the Wills Library

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ALL SAINTS' HOSPITAL, SOUTH AFRICA

by

A. G. Samuel-Gibbon

From October 1968 to January 1969, I spent my elective period in South Africa, working first at All Saints' Mission Hospital in the Transkei, and then in Johannesburg. During these three months I saw more advanced disease and gained more practical experience than at any other time in my training to date. The month at All Saints' was especially worthwhile as it demonstrated the practical difficulties of "bush medicine" in which I had long had a theoretical interest.

The Country

All Saints' is set amongst trees in an open valley between two spurs of high ground, which are outriders of the more mountainous country to the north-east. The nearer mountains can be seen from the mission, and half-an-hour's drive into the hills rewards one with a beautiful view as far as the great Drakensberg, still snow-capped in November.

The country immediately around the mission is typical of the less mountainous areas of the Transkei; relatively densely populated, with round, white-painted native huts scattered across the valley. The land is parched and dry, with scanty grass and numerous "dongas"—the widening channels cut through the precious sub-soil by the forces of erosion. Men in their forties remember losing cattle in the long grass around the mission when they were herd-boys. Now the cessation of the nomadic life has resulted in sustained over-grazing; and combined with the last four years of drought, has made such memories seem distant myths of some Golden Age.

The Hospital and the Patients

The 180-bed hospital is a complex of single-storeyed buildings of varying age, linked by covered walks. The original mission buildings are still used as the General Medical and Surgical blocks; while the theatre, Obstetrics, and Casualty/Out-patients blocks are almost new. Both the hospital and the comfortable modern doctors' houses are supplied with water and electricity; and five miles away the village of Engcobo offers some of the comforts of white civilisation—with stores, garages and a swimming pool (white only).

The patients whom the hospital serves earn their living by farming, but their methods are so inefficient, their resistance to change so great, and manpower in such short supply away from the industrial centres, that the living is very poor. Despite this, the vast majority

of the patients are wonderfully cheerful, light-hearted and friendly. They are expected to pay for being seen in out-patients, although many exist on credit. For an adult, five shillings covers a visit and the ensuing treatment. In-patients are also expected to make a small contribution.

The Medicine

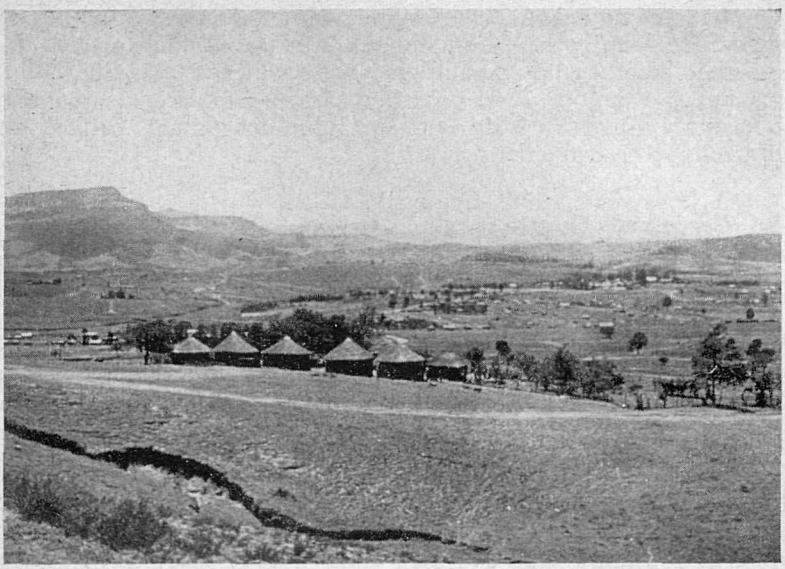
The pattern of illness is shaped by four main factors : by poverty, with malnutrition and T.B. rampant; by the absence of any Government immunisation schemes; by local superstitions and customs; and by violence. While I was there, local epidemics of both typhoid and typhus were added to the picture.

Half the children's beds are reserved for victims of malnutrition, and cases of kwoshiorkor would still be turned away daily because there were none free. Every patient with a cough had T.B. until proved otherwise, and many children had a composite picture of malnutrition and T.B. or some other superimposed infection, usually measles. Every conceivable complication of T.B. could be seen : with T.B. meningitis, spine, pleural effusions and peritonitis, all relatively common. Scurvy, presenting with pain in the legs on walking; with hyperpigmented, dry, cracking skin over the shins, and the more classical "mulberry gums" in severe cases; was common in men but not found in women or children. The latter ate a sort of green chickweed found in abundance in the bush, but this was not thought fitting food for a man. Suggestions that oranges should be bought and eaten met with equal derision.

In times of trouble it was thought to bring luck if the terminal phalanx of the fourth finger were amputated. Whether or not this was so, the habit of covering the stump with animal dung brought nothing but bad luck in the form of infection; though surprisingly, I did not see one case of tetanus during my stay at All Saints'. Similar application of dung to the umbilical cord is a well-known cause of neonatal tetanus in many primitive communities, and indeed there is a very good tetanus Intensive Care Unit at King Edward VIII Hospital in Durban.

Casualty Work

A day at All Saints' would be spent mainly in the Casualty/Out-patients block where up to three hundred patients would attend daily. In the minor operations theatre there was plenty of opportunity for practical work. The majority of cases were stab wounds in the young "Tsotses"; the young uncircumcised youths among whom fighting is endemic—largely due to boredom and frustration—until they come of age and are circumcised. The procedure used to be a major ceremony, the bearing of the pain being an integral part of the change to man's estate. However, more recently they have discovered that it is really more pleasant to have it done under local anaesthesia in the hospitals. There are even stories of youths jumping off the table once the local is in, and rushing back to the family to have the actual circumcision done "traditionally" with a great show of bravery.



View of All Saints' location, from Engcobo Road.

Overflow from the Out-Patients queue.

Other common minor operations were : removal of glands for biopsy; amputation of Ainhum toes—the weird, unexplained and extremely painful auto-amputation process which usually affects little toes, but also the other toes or rarely, even fingers; diagnostic tapping of pleural effusions; scalp-vein drips in dehydrated babies; and numerous tooth extractions.

The Wards and Theatre

On the wards, interesting cases could be followed and lumbar punctures and the putting-up of drips were almost daily tasks. In the Obstetric block, as well as straightforward obstetrics, procedures such as symphysiotomies could be seen, which are of great value in carefully selected cases among the Bantu, who cannot be relied upon to come back during subsequent pregnancies if they have Caesarian sections.

One or two mornings a week would be spent in theatre, where the majority of operations were orthopaedic or grafts to severely burned children. Other fairly common operations were mastoidectomies and the elevation of depressed fractures of the skull. Perhaps two Caesarian sections would be performed under local anaesthesia every week.

The hospital is now run by four doctors. Drs. Pauline and Ronald Ingle were running it alone until 1963, when Dr. Martin Browne joined them from England. Last year, Dr. Echbert Te Velde arrived from Holland. Pauline Ingle runs the Obstetrics block extremely efficiently, while her husband is the surgeon. The general wards and other duties are shared between all the doctors. The atmosphere is young, enthusiastic and extremely friendly; and despite the fact that the hospital is, of course, part of the Anglican mission, no attempt is made to force religion down one's throat. Both the Brownes, with whom I was living, and the Te Veldes have young families and these offered wonderful hospitality and entertainment in the evenings.

Conclusion

From every point of view, a month at All Saints' was extremely valuable and one of the most enjoyable and interesting experiences of my life. By the time I left I had learned something of the sort of medicine which has not existed here since the last century; I had gained some confidence in my own practical ability; I had begun to form my own opinions upon the vexed question of apartheid; and I had made some very good and interesting friends.

Everyone at All Saints' is very anxious to establish a regular stream of visiting students from Guy's, and I can assure anyone who is interested in going, that they will be given a very good and worthwhile time there. Anyone who would like more information should get in touch with either Dr. Saxton in the Radiology Department, or myself, and we will be very glad to help.

FLORENCE AND PADUA

A SURGICAL VISIT

by

P. A. Lane-Roberts

In the seventeenth century Dr. William Harvey was able to travel alone, and probably on foot, to Padua for his medical studies, but such journeys do not suit the twentieth century. The Surgical Sixty Club is a travelling club founded in 1960, and in the Spring of 1969 it visited Florence and Padua. The Club first met in Paris in 1961, and here it acquired its badge—an old Paris street lantern, which is now mounted outside the Royal College of Surgeons in Lincoln's Inn Fields. Since then it has visited, in autumn, various centres in Britain, and in spring, Paris, Copenhagen, Amsterdam, Lyons, Brussels, Lisbon, Leningrad, Moscow, Tiflis, Athens, and now Padua and Florence.

The host in Florence was Professor Luigi Tonelli, of the University Surgical Unit. The welcome was declared on arrival by gifts from him and his wife. Illustrated books on the art of Florentine masters, and, for the wives, posies of flowers were placed in each bedroom ready for our visit.

Two days were free to review, or discover, the beauties of Florence and these days were well spent. Parties went to Siena, San Gimignano (the tower hamlet of Tuscany) Settignano, Fiesole, and Vallombrosa. The churches, galleries, gardens and shops of the old city of Florence were a feast for the eye, and a test for the feet. The dreadful slurry of the floods of November 1966 had been removed, but the damage was tremendous, and irretrievable. However, much has been repaired and many forgotten treasures have been discovered.

Surgical education started at Professor Tonelli's Unit in the University Campus on the outskirts of Florence. The Unit consists of eighty beds of which ten are private, and is served by four theatres. Cases and operations were shown and discussed, and the practice seemed consistent with British practice. We saw Billroth I gastrectomy for gastric ulcer, cholecystectomy and trans-duodenal removal of gall stones after operative cholangiography, and anterior resection of a carcinoma of the sigmoid colon, with high ligation of the inferior mesenteric vessels. The teamwork was skilful and well drilled, the surgery dexterous and the theatre sisters, both lay and clerical, efficient, quiet and most impressive. The Professor of anaesthetics, whose department obviously worked well, interpreted and explained. Discussion continued during a break for drinks, from pineapple juice to Campari, which served to loosen tongues and help the multilingual chatter. Communication by signs, diagrams, Italian, French and English, was free and successful. In the evening we met again in the Professor's flat, of two storeys, with a roof garden overlooked by the

cathedral's great dome by Brunelleschi; surprisingly, but not incongruously, the scene was lit by a neighbouring "Martini" sign. A delicious dinner was served to us all, the Professor's team and their wives. The English and Italian interpreters were salted among the separate tables and conversation was free.

The programme of work was shortened because the next day was Italian Liberation Day, a public holiday; however, the parades, the bands, the visitors and the blessing, and parade of crucifixes in and from the Duomo, were a unique experience. Mussolini's miserable and macabre death and his exposure in Milan, trussed head down from a butcher's hook, were remembered in contrast by the parade of penitents staggering under the burden of Christ on the cross.

Liberation Day Parade.

In the evening the Professor and his wife and many of his team came to drinks and further talk in our hotel, and the party split up to dine separately with our newly-made friends.

On Sunday, the Club moved to Padua, across and through the Apennines by train or by car. Professor P. G. Cevese had arranged our programme, and was also a splendid host. On Monday and Tuesday we reported at his Polyclinic, a modern building opened in 1965, near but separate from the equally modern Municipal Hospital. The approach was through the old Hospital, whose quadrangle bore the names of benefactors as far back as 1400. Operations were performed in the main theatre, and we watched from a circular glassed-off gallery overlooking the operating table. Closed circuit television from a fixed and a mobile camera complemented the view, and auditory communication was by two-way wireless. Two of the surgical

assistants explained the cases, and asked questions for us of the operator, while the Club discussed the proceedings refreshed by coffee and cigarettes. Operations were performed for Hirschprung's disease, for portal hypertension, for carcinoma of the cardia and for duodenal ulcer. In this case, British opinion was particularly sought, freely voiced and accepted. Aortic reconstruction, common femoral disobliteration and femoral by-pass operations were also performed. In every case the operative field was prepared in one of the three other theatres, and the anaesthetic and surgical teams brought the patient into the central theatre at the appropriate moment. The stage management and timing were masterly. Tedious preparations were made off-stage, there was no waste of time and yet we felt that the patients' interests were well guarded.

During the difficult dissection of the portal vein, Professor Cevese took us round his department. There were photographs of his distinguished predecessors, including Bassini, who served with Garibaldi. There was a painting from the studio of Caravaggio, of a Sixteenth Century surgeon treating a man in a state of shock, whose wounds were symbolically those of Christ in His agony. The Professor himself owned an original Michelangelo drawing, which he had bought for some £10 soon after the war and which had been recognised as a study for one of the figures in the Medici chapel in Florence. With almost equal pride he showed us a gold ski, which he had won in a University event. We saw case records of 1868, at a time when the Professor from Padua exchanged for six months each year with his colleague in St. Petersburg.

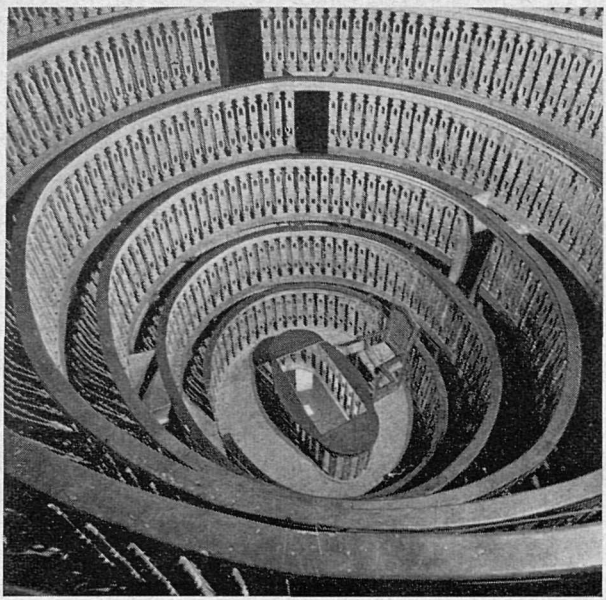
On a more scientific plane, he showed the department of histology, neighbouring the operating theatres, the Intensive Care and Post-operative Recovery Units with the laboratory for immediate blood gas estimations, and the remaining surgical beds in units of six, four, two and single beds. He has a hundred beds, of which ten are private. The two main interpreters had worked with Dr. de Bakey in Houston, and Mr. Donald Ross in London. Open heart surgery is performed, but although we did not see such a case, what we did see was most stimulating and interesting, and brilliantly executed.

While the men were working, their wives were conducted around the city by English-speaking guides, arranged by the Professor. The wide and often arcaded pavements made walking more restful, cool and safe than the narrow streets of Florence, and there was much to see and assimilate.

On the Monday, after work and sight-seeing, we were all asked to the Old University Palace which had originally been an ancient Inn. The second oldest University in Europe has Galileo's lectern and portraits of Linacre, Harvey and Oliver Goldsmith, amongst many other famous men. We saw the old Anatomy Theatre where Morgagni, Sylvius and Fallopius had taught, and whence the bodies could be smuggled out into the sewers, if raided suddenly. We were received in the Rector's quarters and given English tea, and then, refreshed, were transported by bus to the villa of Valsanzibio, where in the cool of the evening we strolled in gardens laid out by Le Notre, of Versailles

fame. Dinner was arranged in the luxurious Golf Club of Garzignano, a splendid modern building, but the expensive subscription perhaps explains why there are not many Italian golf stars in the international orbit.

Throughout our stay the entertainment was sincere and most generous. The arts of renaissance Florence and Padua are, of course, superb. The frescoes in their original settings are the most memorable of all the works, but of these the only ones of surgical interest are one in Florence of Saints Cosmas and Damian performing the first homo-transplant of a black leg on to a white man, and, in Padua, of St. Anthony successfully re-implanting a severed foot on a young man's leg, with no residual scar at all.



Sixteenth Century Anatomy Theatre.

Professional discussion was friendly and free. The surgery was of the very highest standard and evidence of loyal and happy teams. Relations between senior and junior were liberal and uninhibited, but the young men, as everywhere, have their grievances. Differentials are great, the broad based pyramid has a steep and high tip. Promotion would seem to depend largely on patronage, and interference by the State, although resented by some, is felt to be inevitable and just. The rewards for the few are princely but the struggle for the many, hard and uncertain. Change is imminent. We gained an impression of great kindness and welcome to the British, of pride in Italian achievement, but of a liberal attitude to foreign opinion and an eagerness to exchange ideas.

NOTICES

EVELINA MEETING

The British Postgraduate Medical Federation will hold a week-end course in paediatrics for general practitioners and local authority medical officers, entitled "Special Problems in Paediatrics". This will take place at the Evelina Hospital on Saturday, 1st November, and Sunday morning, 2nd November. Applications for a place on the course should be made to the Hospital Secretary, Evelina Children's Hospital of Guy's Hospital, Southwark Bridge Road, S.E.1, as soon as possible.

B. L. GABBOTT,
Administrative Assistant.

Award of Annual Bursary

As from 1969, Prize Giving at Guy's Hospital will be discontinued and the money which was previously set aside for prizes is to be awarded in a lump sum in the form of an Annual Bursary of £75.

This proposal was brought to the Nursing and Nurses' Education Committee and subsequently agreed by the Nurses' Representative Council.

The terms of award are as follows :—

"The money be awarded to any nurse applying for it for educational purposes within a specified period of completing her training at Guy's, provided that the nurse concerned has given at least six months' service as a Staff Nurse and has made a good contribution to the School of Nursing."

Nurses eligible to receive the first award are the nurses of the September '65, January '66 and May '66 Sets. Applications for the award may be made between 1st January and 31st March, 1970 and the Bursary will be awarded in September 1970 for use during the subsequent twelve months.

Further enquiries should be made to : The Principal Nurse Tutor, School of Nursing, Guy's Hospital, S.E.1.

B. B. WHYTE,
Principal Nurse Tutor.

NURSING SECTION

Having been unable to submit an article for this section in the last issue, I will now make brief reference to Marny Hallam's saga "An Old Look at Nursing and Hospitals". Whilst appreciating, even sympathising, with the attitudes and anxieties expressed over the managerial matamorphosis which is now descending gradually upon us all, I strongly refute the statement "for those who are too proud to be called just nurses there are now no end of exciting possibilities . . . ", even allowing for a possible satirical vein in the article. Yes, very exciting possibilities—of attending not a one year, but a two year part-time course in Management Studies (sandwiched in between almost normal hospital duties), starting during a week's holiday (when I have to tackle heavy tomes on unfamiliar

subjects) and not preceded by a halcyon holiday in Majorca. Whether or not such a course will endow upon me and others a hallowed 8 or 9 is beside the point: "What's in a name (cp figure) that which we call a rose by any other name (cp figure) would smell as sweet".

Before I submit an article written by a student nurse before M. Hallam's article appeared, and a seemingly apt reply, I would just add that I would *love* to spend only one week in the library preparing a weekly lecture, as opposed to preparing nightly lectures for the following day, while endeavouring to keep up with current events on "News at Ten".

Would Florence Nightingale Appreciate a State Registered Nurse?

One feels that in the time of Florence Nightingale there were nurses always at the bedside, but nowadays there seems a distinct lack of them anywhere! At Guy's, at least, the student nurses are somewhere learning all aspects of public welfare, as well as bedside technique.

The first two months in the Introductory Course are spent learning the ultimate in practical application. I might say, for example, by sitting each other on a bedpan! The student nurse is then launched on to the wards for a year's blissful ignorance of more than half she must know at the end of three; much less how the patient got there and what happens to him on his departure from the ward. She reaches First Year School and wonders how she ever got through her first year with the little knowledge she had!

In her second year, plus a lilac belt, she has more confidence; instilled mainly with the usually far too tight moral support round her middle. This year she is rather more aware that if she does not do the necessary for a patient it will not necessarily get done. She also works in other departments, and sees patients have an appointment in Out-Patients—sadly too often, a day in Out-Patients. She sees patients arrive in Theatre and the somewhat casual handling on occasion, with what seems some disregard of the patient as a person. She copes with the drunkard in Casualty, the injured Rugby student as he wobbles in after a game, the head full of lice from the district. In one famous clinic the student will talk with people who could not cope with the tensions and anxieties of everyday life.

After a longed-for holiday, she hopes in the sun, Second Year School passes, and miraculously it seems, the third year nurse sports her "strings", possibly uncomfortably, always proudly, under her chin. It is now she realises just what a State she's in. During Third Year School a week is spent "on the district". In one week all seems to fall into place, and the Hospital is seen in perspective. This one week is of immense value. Arranged by the Deputy Nursing Officer for Southwark, the nurses have an opportunity to accompany District Nurses, Health Visitors, Mental Health Visitors on their visits. They see home situations that have to be seen to be believed: the family of six living in one room with one bed and rats underneath. Damp ceilings and walls and anaemic, illegitimate children with chronic bronchitis, yearly coming into hospital, and yearly returning to the same situation. And it's no use thinking "they" should do something as the nurses talk with "them" and they are told there is nowhere to put these families—in our Welfare State. Nurses see a G.P. Centre, a public Bathing Centre, have a lecture from the Home Help Organiser, see Day Nurseries for problem children, Day Centres for the Elderly, and various other Services offered by the Borough of Southwark. This week revealed many pre-disposing factors to a patient's admission and should certainly make everyone think twice about a patient's discharge from hospital, to what could be a hopeless home situation.

The nurse returns to the wards with a much more worldly sense of the Welfare State, and her State Examination now in the rather forseeable future. And at last, the anxieties of examinations and results over she becomes a State Registered Nurse!

Would Florence Nightingale understand it all? Those bedside nurses seemed Angels of Mercy at the time, but perhaps our nurses today really have got their vocation in perspective; and largely, I feel, as a result of one week completely away from a hospital.

Second opinion protects patient—and practitioner

THE MEDICAL PROTECTION SOCIETY

offers world wide security
for doctors and dentists
against professional risks.

SECRETARIAT

Herbert Constable, MRCS LRCP (Secretary)
(Guy's 1925/32)

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P. G. T. Ford, MB BS D Obst RCOG MRCGP

R. D. France, MB BChir

J. E. Seear, LDS RCS

J. Musson, BDS LDS

50 Hallam Street, London, W.1. Telephone : 01-580 9241

SPORT

Traditions die hard. One of the many still going well is that of "exhortation of supporters". This age-old pursuit of sports editors is unfortunately even more necessary today than before. It seems that spectating is a dying art, and more and more folk find less and less reason for having an enjoyable afternoon in the open-air. Armchair sport by the "box" is all very well, but the authentic atmosphere is much better. After all, you can't have many opportunities for indulging in blood lust and running on to the pitch during the week. All the varied sports of Guy's cry out for a little attention and care from other members of the Hospital. The Rugby, Soccer and Hockey Clubs exhort you to beg, borrow or even buy time on a Saturday afternoon to come and watch them and cheer on their wearied hearts and limbs. You will surely be entertained by any of these teams, all of which play to a notably high standard. As W. H. Davies once wrote:—

What is this world if, full of care,
We have no time to stand and stare?
(Or even applaud?)

RUGBY

Two Saturdays ago the 1st XV revenged themselves for an ignominious defeat at the hands of Bromley last year. Playing magnificent attacking rugby, they won a very fast match by 49 points to 6. The whole team played outstandingly, and dominated a less skilled side. Indeed, towards the end, the opponents were so demoralised it was possible to run in tries almost at will. John Ross played superbly to score three tries, one of which was a 75 yard run along the touch-line; while Mr. Graham Hey, that talented utility forward scored his second try of the season.

The next three Saturday games are:
27th September v. Askeans, at Kidbrooke.
4th October v. U.S., Portsmouth. Away.
11th October v. Cambridge University. Away.

GUY'S v. BLACKHEATH

Saturday, 20th September, at H.O.P.

Result: lost 8—22

Guy's, despite the undeservedly heavy setback at the hands of Blackheath, showed signs of becoming an entertaining and enterprising side this season in a fast and often scrappy game at H.O.P. On a glorious afternoon of warmth, sunshine and a stiff breeze Blackheath won the toss and elected to use the advantage of the wind in the first half. Within a very few minutes they had procured a further advantage when some injudicious kicking of Hey by a well-known opponent caused him to leave the field with severely bruised ribs (poor Graham, this now spoils his chance of scoring a try in every game he plays in this season!) Blackheath then went ahead through a dropped goal by their fly-half. However, Guy's response to this was a magnificent try, this began with Elliott catching the ball deep in his own "twenty-five" and feinting up the right touchline, once he was stopped the ball went along the line to Matthews, who committed his opposing centre, slipped a pass inside to Rowlands, and was there for the return pass, which he quickly handed on to Ross, who brushed aside one man and swerved beautifully to the corner for quite the best try of the afternoon. Guy's were then committed to defence for the rest of the half; despite Blackheath making full use of the following wind, they were unable to score more than one more dropped goal before half-time.

The second half was less fruitful for Guy's than might have been hoped. The depleted pack had taken too much out of themselves in matching the Blackheath pack in the first half and were unable to win their share of the ball, thus preventing the Guy's half-backs using the wind to advantage. Indeed for the middle twenty minutes of the half Blackheath had almost constant possession from which, despite their own mid-field blunders in handling and "going the

wrong way", they managed to score with three tries, two of which were converted.

Guy's then came back into the game and Stewart scored a magnificent solo try after kicking the ball on from the ten-yard line and picking up before touching down near the posts, Elliott converted. Inevitably the Blackheath side scored the last try when their full back once more joined the line to make the overlap, and leave the final score at 22—8.

TEAM: D. Elliott; J. Ross (capt.); P. Matthews; R. Barough; J. Shutes; B. Rowlands; D. Merrett; J. Logan; G. Voss; G. Hey; M. Cockburn; D. Stewart P. Williams; R. Burt; I. Baker.

ASSOCIATION FOOTBALL

There comes a stage in the history of any club when consolidation must be the keyword, and this is exactly the situation present in the Soccer Club. The loss of five of the Club's most experienced players Nash, Wood, Davey, Poole and Jacobs has left the Club somewhat vulnerable in several key positions, and obviously we are looking towards a good fresher intake to strengthen our resources. However far from being despondent the new captain, Ian McClure, the Scot from Epsom, has made a good start to the season showing excellent form in the early games, and certainly few Hospital sides can have a better footballer as their skipper.

For the first time ever this season the Hospital's League is to be played on a home-and-away basis, and as a result of the increased number of fixtures Guy's have withdrawn, none too reluctantly, from the University League. Together with the Hospitals Cup and University Cup games and an extensive list of friendlies we again have a lengthy fixture list, and it is our earnest hope that we avoid a repetition of last season's catastrophic list of injuries.

Regarding our prospects for the season a great deal is going to depend on teamwork. With such an inexperienced side it is up to us all to put in a lot of effort, to help each other and above all to play simple basic football. We have made an encouraging start, being defeated 4—2 by a very strong Hugh Symons XI, and defeating Catford Strollers 4—0, let's hope we can make use of it to produce an enjoyable and successful season.

R.L.

GUY'S v. CATFORD STROLLERS

Saturday, 20th September. At H.O.P.

Result: won 4—0

Forced to make several changes following the mid-week defeat by Hugh Symons XI, Guy's were seeking their first victory of the season at the expense of the veterans side, Catford Strollers.

In true Guy's Cricket Club style we started with 10 men, number 11 having a prior appointment with the 2.35 a.m. race "on the box". Play was initially very scrappy and Guy's were rather fortunate to take the lead via a 20 yard "own goal" which gave the keeper no chance. Despite being given this useful start, the Hospital were still unable to settle down effectively, and far too many balls were being hopefully pumped downfield rather than being passed man-to-man.

During the second half however, things looked more encouraging and after 60 minutes Alan Valentine opened his scoring account for Guy's with a well-taken breakaway goal. As if to emphasise this was no fluke the same player proceeded to forget his gastric upset of the previous night and shot in a good opportunist goal to make the score 3—0. With Martin "Cat" Carter confidently guarding his goal, Catford had several promising attacks but when it came to the crunch never really looked like scoring. In the closing minutes, Drage woke up sufficiently to head home McClure's corner to give Guy's a somewhat flattering victory.

TEAM: M. Carter, D. McConnell, N. Jones (Sub. K. Taylor), M. Taylor, R. Lovell, D. Lindridge, I. McClure (Capt.), I. Harrison, S. Drage, A. Valentine, R. Leeburn.

R.L.

HOSPITAL INFORMATION

F.D.S. COURSE

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 19th November, 1969 a course in Conservative Dentisty primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The Course will consist of six sessions, from 6.00 p.m. to 8.00 p.m. on 19th, 21st, 26th and 28th November and 3rd and 5th December, 1969. Fee: £10 10s. 0d. Further particulars and forms of application, which should be returned as soon as possible and not later than **22nd October, 1969,** may be obtained from the Dean, Guy's Hospital Dental School, London Bridge, S.E.1.

BIRTHS

CARLE—On 12th August, 1969, to Carol (née Perry, S.R.N.) and David L. Carle, M.B., B.S. London, a daughter, Helen Ruth, a sister for Ian and Neil.

LOADER—To Florence and Michael Loader on Thursday, 7th August, 1969, in Canberra, Australia, a daughter Claire. A sister for Adrian.

STEYN—On 16th July, 1969, to Michael and Barbara Steyn at Wagga Wagga, N.S.W., Australia, a son, Simon David, brother to Richard and Matthew.

WILLIAMS—To Philip ("Paddy") and Sylvia, a son Jamie Norris on 20th August, 1969.

MARRIAGES

BOOTHBY—DALSTON—On 22nd August, 1969, at Salcombe, Devon, Dr. Christopher Brooke Boothby to Miss Anne Barrow Dalston.

BEACHAM—PEARCE—On Saturday, 16th, August, at Ealing Abbey, Richard Beacham, B.D.S., L.D.S., R.C.S., to Miss Anna Pearce.

DEATH

PAYAN—On 9th August, 1969, Jose Francisco Payan, M.R.C.S., L.R.C.P., at the age of 70.

CHANGES OF ADDRESS

Mr. and Mrs. R. J. Beacham, Coachman's Cottage, Mill Road, Marlow, Bucks.

Dr. C. B. Boothby, 4, Keneric Court, Ray Park Road, Maidenhead, Berks.

Dr. A. Broido, 58 Harlap Street, Jerusalem, Israel.

Miss D. Budd, Nurses Home Groote Schuur Hospital, Observatory, Cape Town, South Africa.

Surg. Lt. and Mrs. I. E. C. Wilkinson, c/o Medical Mess, R.N.H. Haslar, Gosport, Hants.

Dr. and Mrs. P. A. D. Williams, 7 Earlswood Avenue, Thornton Heath, Surrey.

FOR THREE YEAR TOUR

Major L. A. Lees, M.R.C.O.G., R.A.M.C., British Military Hospital, Dhekelia, Cyprus, B.F.P.O. 53.

CHANGE OF NAME

SPENCER—J. D. Salomon wishes to make known the fact that he has changed his surname by Deed Poll to Spencer.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2119

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

October

Once again October arrives and with it a new generation of Guy's men and women. We welcome them. They arrive here at an exciting time. A time of development, re-development and re-thinking. There is no sacred cow that cannot be challenged without someone listening to you. Staff awareness of student opinion has never been more acute, nor more sympathetic and representation of student opinion on the committees that govern our lives at Guy's has never been so great.

What is needed is a student body with enough intelligence to make use of these opportunities in a way that will preserve the co-operative spirit whilst effecting necessary reform. An idealistic hope but the time is right for it.

But first take a good look at Guy's and what it seems to stand for. It is, in fact, all sorts of good things which look awful in print and sound even more pretentious when spoken; a community, a family, a team. Once you have entered it then you start equilibrating with it. It is as impossible for those working here to remain unaffected by the Hospital as it is for the Hospital to remain unaffected by those working in it. The equilibrium is a very dynamic one and is extremely sensitive—a breeding ground for intelligent reform but strangely resistant to violent or unnecessary change.

The equilibrium is not only a vertical one up and down the scales of "seniority" (a mystical privilege bestowed on those who happen to have been here longer), but also a horizontal one within each group of contemporaries.

What will be the reforms that seem necessary will vary enormously. They will not necessarily be the same as those sought by previous years, and it is impossible to say exactly what they will be. What is certain is that the chances of their being effected are directly proportional to the energy with which they are pursued and the skill and tact with which they are put forward.

Change is vital if a community such as Guy's is to progress. It must be change effected from within rather than imposed from outside. The machinery or, to indulge in a little Churchilliana, "the tools" are there, it remains only for them to be used.

Social Disease

In today's medical world the conquest of disease sometimes appears to be directed overwhelmingly at those illnesses already present in the body or mind of the wanting patient. The concept of "treatment" and disease is as old as man himself, and is probably the most rewarding feature of the art and science of medicine. The chemotherapeutic era in which we live, second only to the era of the transplant, tends to overshadow and even dispel from many people's minds the concept of "prevention" and disease.

The society in which we exist at present is a nidus of that type of disease treatable for the major part, by prevention. Examples of these sources of infection are the overcrowding of the houses in which we live, the over-crowded roads on which we travel and the population, and the prevention of its explosion.

The bad housing conditions which are a feature of parts of nearly every major city in this country are implement in the development of physical and mental ill-health, for crime and juvenile delinquency, for marital break-up and child neglect. The major problems of overcrowding is the high incidence of psychological illness, mild neuroses and emotional disturbances. Neurosis is particularly common in those women forced to spend 24 hours of the day in dreadful conditions sharing the basic household facilities with up to a score of other occupants. When the woman is affected the family unit is split apart. The extremely damp conditions in which some "patients" live necessitates the prescribing of antibiotics for the common cold in children—to prevent bronchitis.

If, instead of counting the numbers of deaths, this loss is expressed in terms of lost years of productive life, then road accidents are seen to be a more serious health problem than cancer or heart disease. Accidents are now the main cause of death and permanent disablement to our people during the first half of their expected life span—road accidents are the main contributors—18–24-year-old males the main victims. Evidence, from American sources, shows that alcohol may be involved in more than 50 per cent of all fatal road accidents, put this together with deficient safety standards of vehicle and road, add the normal "variety" of drivers and the results are frightening.

In Britain, for every woman who takes contraceptive pills from family planning organisations, two women use induced abortion to get rid of unwanted children. Adequate sex education of the young would prevent the fear of unwanted children and abortion as well as a reduction in the number of patients suffering from mental disturbance.

At medical school we are taught not to involve ourselves, one reason for a failure in communication with many patients. Time to consider is time well spent in preventing illness.

Mr. Cook

There is little that we can add to S. H. W.'s tribute to Mr. W. F. Cook, O.B.E., except our own echo of all that he has said about this faithful servant of the Hospital and Medical School. We wish Mr. Cook a long and happy retirement.

Fixture lists

Because of a delay in the production of the Rugby fixture list, we have been unable to publish it yet. This will be rectified in our next issue.

The Wills Librarian

Mr. William Hill, who has been at Guy's for thirty-one years, as Assistant Librarian and then as Wills Librarian, will be leaving in November to take up a curacy at Welling.

In an age when access to and compilation of information have become of paramount importance, Libraries have become increasingly vital to the intellectual well-being of the Hospital and increasingly complex in their workings. Mr. Hill has steadily advanced the standards of the Wills Library during his term of office and has been hampered in his attempts to advance more quickly only by the financial strictures imposed upon all such University departments.

There must be hundreds of Guy's men and women who have benefited from his work, skill and personal attention, which have helped to make the Wills Library one of the finest undergraduate libraries in the country, and who will wish to be associated with a presentation which is to be made to him.

Contributions should be sent to Mr. Rex Lawrie, at Guy's.

Chief Pharmacist

Mr. J. Moore, the Group Chief Pharmacist, retires on 24th September, 1969. Mr. J. C. Barfield, M.P.S., Ph.D., F.P.S., has been appointed his successor and will take up his duties on 1st October, 1969.

GUY'S DIARY

OCTOBER

17	F	1.00	Clinical Lecture. Professor BUTTERFIELD. "Priorities in Medicine."
		2.15	Clinical Round. Chairman, Mr. YATES.
20	M	1.00	Clinical Lecture. Mr. BLAIKLEY. "Carcinoma of the Cervix."
21	Tu	1.00	Clinical Lecture. Mr. KILPATRICK. "Injuries of the Bladder and Urethra."
24	F	2.15	Combined Round. Chairman, Dr. CAMERON.

A Tribute to W. F. Cook, Esq., O.B.E., F.C.C.S., on his retirement

Mr. W. F. Cook retired from his post of Secretary of the Medical School on 30th September, 1969. He came to Guy's as clerk in the Superintendent's Office in 1918, towards the end of the era of Sir Cooper Perry. In 1920 he transferred to the Medical School Office as senior clerk and in 1950 he was appointed Secretary of the Medical School in succession to Mr. J. H. Winston. This period of 51 years of unbroken service has covered the span of four successive Deans—Professor T. B. Johnston, Mr. T. J. Evans, Sir Rowan Boland and the present Dean, Dr. J. C. Houston.

As senior clerk in the general office of the Medical School Mr. Cook became known to generations of Guy's men and women as a highly efficient, kind, considerate and helpful man to whom everyone could turn for a solution to his problems. During the period of the Second World War he was responsible, with Mr. J. Goodliffe, for the entire organisation of the evacuation of the preclinical medical and dental students to their temporary quarters at Tunbridge Wells and Pembury, and for the setting up of proper conditions for their work. Some of the clinical dental students followed later and for the whole period of the war Mr. Cook was resident in Tunbridge Wells to give his unstinted help to the preservation of the standards of the Medical and Dental Schools. During this time he earned the undying gratitude of the staff and of the whole student body.

When he became Secretary of the Medical School in 1950 Mr. Cook's phenomenal powers of work were soon displayed. Hours spent in his office meant nothing to him. Late in the evenings he would be seen carrying more work home and it was difficult to persuade him to take a short holiday. His responsibilities during this time were legion and it was incomprehensible to most people how any man could keep his finger on the pulse of so many School activities. In addition to his exacting duties in the management of School business he concerned himself personally with the affairs of the Clubs' Union and all its constituent clubs, the Students' Club and its several changes of premises, and the complex management of the College Catering Company.

Above all this Mr. Cook became renowned for his great financial ability. His expert advice upon the quinquennial budget ensured that the moneys available from both University and other sources were put to the best possible use for current projects and for future developments to enhance the reputation of the Guy's Schools. His meticulous system of accounting was held in admiration by everyone who had knowledge of its intricacies and he was acknowledged in the University of London as the model of school secretaries.

As a retiring and self-effacing man Mr. Cook would consider these achievements nothing more than his routine job. If it were possible to pick out a single facet of his work which should give him the greatest satisfaction it would surely be the admiration in which he is held for his unfailing concern for the welfare of Guy's and of all Guy's men and women. Far outside his normal activities he would go to the greatest lengths to further the careers of students or members of the staff, to help them in times of trouble and to see that no injustice was done. The Guy's community as a whole is deeply indebted to him for this service of love.

In Her Majesty's birthday honours this year Mr. Cook was awarded the O.B.E., a fitting and well-deserved tribute to a lifetime of devotion to every aspect of Guy's affairs without a thought for the immense labours involved. We wish him every happiness in his retirement and hope that he will continue to give us the benefit of his wisdom and experience in the future.

S.H.W.

HYPERCHOLESTEROLEMIA : EVALUATION & TREATMENT

by

Guy Lacy Schless, M.D.

Introduction

A fasting venous sample of serum persistently above 300 mg% defines hypercholesterolemia. A patient who has hypercholesterolemia may present with symptoms, or give a family history, of premature atherosclerotic disease involving the coronary, cerebral or peripheral arteries. Signs related to hypercholesterolemia are cutaneous xanthoma, which are discrete nodules having a yellowish centre surrounded by a reddish periphery on the palms, elbows, buttocks and tendons, especially the Achilles. Xanthelasma may be observed as slightly raised, yellowish, flattened patches at the inner canthus of the eye, these lesions being made up of cholesterol.

Etiology

The primary cause is heredity or familial. Diabetes mellitus is another familial trait seen in the majority of these cases. The diabetes usually is of the adult-onset type with associated obesity and hyperinsulinism. It is this latter high level of insulin in mild diabetes that is responsible for the overconversion of carbohydrate to fat, referred to as carbohydrate-induced hyperlipidemia.

Secondary causes of above normal serum cholesterols, and of elevated serum triglycerides too, are untreated adult-onset diabetes, high fat diets, diabetic acidosis, oral contraceptives, hypothyroidism, pancreatitis, nephrotic syndrome, hepatitis, obstructive liver disease, lupus erythematosis, multiple myeloma and glycogen storage disease.

Diagnosis

Besides the history and physical examination, certain laboratory studies should be ordered.

(1) Serum cholesterol is best performed after eating a liberal carbohydrate diet for several days. Patients, fearing abnormal results, often will restrict the sweets and starches in their diet prior to testing, which not only produces an erroneously low cholesterol but may falsely raise the blood sugars during a glucose tolerance test.

(2) Glucose tolerance test. Fasting blood sugars will be normal in approximately 75 per cent of adult-onset diabetics, so standardized postprandial blood sugars afford a more accurate means of diagnosis, especially in the asymptomatic, mild case.

(3) Serum uric acid elevation is common, this being a reflection of abnormal lipid metabolism. Gout is present in some instances while others may have hyperuricemia without symptoms.

(4) Serum triglycerides. Some hyperlipidemias exhibit minimal cholesterol elevations but very high triglyceride levels, the latter being responsible for the cloudy or milky appearance to a specimen of fasting plasma stored overnight in a refrigerator. In these situations, a serum triglyceride should be done since this value may lag behind the response of the serum cholesterol to treatment.

(5) Members of the immediate family warrant studies due to the above conditions being hereditary.

Treatment

Therapy of primary hypercholesterolemia consists of diet and medications. In the secondary type, when complete removal of the cause is not possible, treatment should be that of the primary form.

Dietary restriction is both qualitative and quantitative. The daily intake of carbohydrate is limited to approximately 130 to 150 grams, for, as mentioned above, the tendency is to overstore starch as fat. Patients should be acquainted with the starch values of more common foods: a slice of bread, biscuit, small potato or 3 ounce serving of noodles = 15 gms (70 calories), 1 glass of milk = 12 gms (180 calories), a small piece of fruit = 10 gms (40 calories); vegetables that contain 7 gms (40 calories) are beets, carrots, onions, peas, squash and turnips, while starch vegetables such as baked, lima and navy beans, corn, parsnips and split peas have 15 gms (70 calories) per average helping. Leafy green vegetables and salads are of no food value and may be eaten as desired.

Fat is kept to 80 or 90 gms daily due to the high caloric values and these individuals being unable to normally metabolize end products of fat. Information useful in calculating the grammes of fat in foods is: 1 ounce of beef, ham, lamb, veal, or 1 egg or a slice of luncheon meat = 5 gms (70 calories); a slice of butter or teaspoon of salad oil = 5 gms (40 calories); a glass of milk = 10 gms.

Best results will be achieved by having the patient follow certain rules: (1) eat three sensible, planned meals each day, (2) no more than one starch per meal, (3) limit red meats to 12 ounces daily and prepare by broiling, boiling or baking; avoid frying or the use of gravies, (4) substitute unsaturated in place of saturated fats, such as chicken and white fish (1 ounce = 45 calories) which have none of the cholesterol (saturated fats) found in red meats, or the use of poly-unsaturated margarines instead of butter and safflower or corn oil

instead of olive oil, (5) drink fat-free or skim milk (80 calories per glass), not whole milk, (6) remember that alcohol contains 80 calories in an ounce of gin or whisky, wine only 20 calories, (7) no snacks between meals, no sweets, no beer, but (8) all the salads and green, leafy vegetables wanted.

To achieve satisfactory lowering of the cholesterol, diets must be restricted not only in carbohydrate and fat composition but also in daily total caloric intake in order to bring about successful weight reduction when obesity is a problem. To lose one pound of fat a person must eat 3,500 calories less than the theoretical isocaloric daily requirement, which for an average female is approximately 1,800 to 2,200 calories and for males 2,200 to 2,600 calories. For example, if the isocaloric allowance is 2,000 calories daily, then by eating 500 calories less per day (i.e., a total intake of 1,500 calories) one should lose one pound in one week. There are 3,500 calories in one pound of fat and the total number of calories eaten in 24 hours has to be accounted for, for successful weight reduction.

Adherence to the above diet frequently results in a significant decrease of the abnormal serum cholesterol. Should the patient also have mild, adult-onset diabetes, phenformin as 50 mg. once or twice daily, is used in preference to the sulfonylureas since the former drug has a mild effect on lowering lipids as well as blood sugars.

When tests remain elevated despite dietary adherence, then medications are needed, the most effective being clofibrate (Atromid-S). At a dose of 1.0 gm (2 tablets) BDS this drug blocks lipid synthesis in most cases. Less than this dose has proved ineffective, while more than 2.0 gms daily gives no additional advantages. Other compounds are limited in application. Cholestyramine is of use only in essential familial hypercholesterolemia and not in any of the carbohydrate-induced hyperlipidemias. Thyroid derivatives have the side effect of increasing coronary blood flow and in cases of established heart disease may precipitate angina. Nicotinic acid in therapeutic doses causes headaches and flushing and its long-term use is not too reliable. Lack of therapy for hyperuricemic patients without symptoms of gout may lead to a relatively high incidence of silent renal uric acid calculi and for this reason the presence of a uric acid concentration above 9.0 mg% warrants allopurinol.

Summary

Hypercholesterolemia should be suspected in a patient who has symptoms of coronary, carotid or peripheral vascular insufficiency, gives a family history of premature arterial disease or shows signs of hyperlipidemia. Elevated cholesterol levels may be due to familial (primary) or acquired (secondary) causes. Above normal concentrations of triglycerides produce a milky appearance to the plasma and may be the lipid fraction markedly abnormal when the hypercholesterolemia is minimal. Proper treatment consists of a diet limited in carbohydrate, fat and total calories and, if needed, clofiibrate. With this regimen, one should expect a signficant decrease of serum cholesterol as well as signs of arterial insufficiency lessening due to improved blood flow.

Guy Lacy Schless, M.D., Associate Physician, Pennsylvania Hospital, and Assistant Professor of Clinical Medicine, University of Pennsylvania, Philadelphia; Visiting Research Fellow in Medicine, Guy's Hospital Medical School, London, S.E.1.

Address all communications to :—Benjamin Franklin Clinic, Pennsylvania Hospital, 330 South Ninth Street, Philadelphia, Pennsylvania. 19107. U.S.A.

OBITUARY

Edward Billing, M.A., M.R.C.S., L.R.C.P.

1884 - 1969

There died on the 12th July, 1969, a Guy's man of outstanding individuality. He and I were fellow students at the hospital from 1907 to 1911. He had been at Dover College (a scholar) and at Gonville and Caius College, Cambridge (Tancred Studentship). These early distinctions are mentioned because they are part of a consistent pattern; he remained the characteristic scholar for the rest of his long life.

He held clinical appointments under Lauriston Shaw, Newton Pitt, Arthur Hurst and Arbuthnot Lane.

During this period he was known as The Bloodcount King, for he performed elaborate blood counts on many of his patients almost every day.

He qualified in 1911; and in August 1914, on the outbreak of World War I, he took a temporary commission in the R.A.M.C. We were in France together a few weeks later. It was there that I first appreciated his serene imperturbability. Nothing seemed to shake him from a mood of quiet, humorous watchfulness. In 1917 he met and married his wife, Gertrude Graham, who was serving as a V.A.D., shortly afterwards he was posted to Bagdad.

After the war he conducted a general practice for some twelve years, at Chingford in Essex, and then for 27 years at Finchhampstead in Berkshire. He endeared himself to his patients and the public in both places.

He never looked physically robust: even in his student days he would pause when talking, as if to recover his breath; and in his last years he was a respiratory cripple. Nevertheless, he had a wonderful life, and was greatly appreciated by his colleagues and the people amongst whom he lived and worked.

He was appointed a justice of the Peace, he was elected President of the Reading Pathological Society, Chairman of the Reading Division of the B.M.A. and of the Finchhampstead Parish Council and of the committee that established the Memorial Park. He was a governer of two schools and through it all he pursued original studies into local history and archaeology. He was an enchanting companion.

He was fortunate in his family life. He leaves a wife and four daughters: his distinguished talents reappear in the next generation.

GEOFFREY MARSHALL, K.C.V.O.

Kanjirobi

We publish here a letter from Charles Clarke (one, we hope, of several) recounting some of his experiences in Nepal. Charles broke off his final year studies in April this year to spend his time climbing in the North West of Nepal, with a two-month spell in the middle working at the Britain-Nepal Medical Trust Hospital at Kafle Nivas. There he should be meeting John Price, who qualified in June this year, and is also at the hospital for two months.

Charles' party, which is led by Mr. John Tyson, a master at Rugby, left Katmandu on 20th April for Surkhet, from which point they had to march to near their objective—Kanjirobi Himal, the highest peak in the area, 22,580 feet, and as yet unclimbed.

I.M.

Camp at 16,000 ft., 16th May, 1969

As we begin to climb our mountain, I realize what is making this expedition so satisfying; it is that not only have we eased ourselves intact and without accident up a difficult and dangerous gorge, but we have taken the correct side valley off it and actually found the mountain accessible at the end of it. Simple enough to write in a few sentences but things have been a struggle.

We walked for a week to Dolphu, a tiny village about fifteen miles from the Tibetan frontier; a gentle classical approach march with arguments daily with coolies, which would appear to jeopardise the whole expedition. One becomes a fatalist—it has been ordained where you will camp in three days' time and nothing we do can alter it.

The Langu gorge begins at Dolphu, a crumbling cleft through which a torrent flows. The first tier of cliffs rise about a thousand feet, often directly from the water, though sometimes a pebble shore allows you progress. Five bridges to avoid these obstacles, bridges that had to be removed at night for fear of losing them, and we reached "our turning", the Rukha Khola, a valley ten miles long, blocked by the magnificent ice peak of Kanjirobi, upon which we are "somewhat engaged".

Remarkable how terrain can change, for this valley is gentle, we just walked and cut up it to a base at 12,500; none of the cliff hanging and delicate bridging operations.

I suppose our most dramatic moments have been losing £500 in cash, which slipped from John Tyron's pocket while he was having a crap. We discovered the loss only after we had built, crossed and dismantled two bridges across the Langu ! In the end, we recovered it. Then, three days ago, Tondup, our head coolie upon whom the whole expedition depends for manpower, disappeared. "He has gone to hunt a musk deer" we were told, and might be found in a certain cave breakfasting at 5.30 the following morning. The mighty hunter was tracked to his lair at the appropriate hour, the deer-skin drying beside him. With two companions he had driven the deer down a "run" which he lined with poisoned arrows stuck in the ground. The musk he takes to Dolphu and then it makes its long journey to M. Chanel.

Our mountain looks difficult but we are entranced by it. Slowly we recce ahead and put up camps, building up for an assault before the monsoon breaks in three weeks or so.

We hear dreadful news from Danlaghiru—the boys next door in the Royal Hotel in Katmundu—we don't want Kanjirobi that bad. Life worth every minute of it, but let nobody say this isn't hard work !

Love,

CHARLIE.

BOOK REVIEWS

THE FATAL CHANCE.

Guy Bailey, M.D., Peter Davies. 121 pp. 42s. net.

This fascinating book comprises the stories of 12 separate cases from the notebook of a forensic pathologist. The connecting link between the stories is that in each case the chance finding of some clue played a large part in the ultimate solution of the crime, although the author is careful to point out that it is not chance alone that triumphs: it is chance backed by a great deal of hard, painstaking and at times seemingly unrewarding work. The greatest defect of the book is that it is far too short, a mere 171 pages. Each case is so enthralling that it could have been the subject of a book on its own. Just as one is getting interested in the way one clue is leading to another, the author, for the sake of brevity, has to chip in with the correct answer. A little more suspense would have been desirable. The stories are well told and the use of reported conversation is skilfully employed to make them come alive and to pitch the reader into the police station interview room, the scene of the crime or the court room. All students would do well to study the latter as there are many traps for the unwary during the course of cross-examination by learned counsel and no doctor can be sure that he will never be called as a witness in some case or other.

The greatest mystery about the book is the identity of the author. The cover blurb says that "Guy Bailey" is the pseudonym of a distinguished "Home Office Pathologist". I am sure there must be some clue in his choice of that particular pseudonym. On the back cover of the book is a photograph (back view) of the author. I am sure I have seen that overcoat and bowler hat before. I wonder where?

COLIN HUNTER-CRAIG

HUMAN RESPIRATION.

O. Lippold, W. H. Freeman. 128 pages. 22s. net.

Respiratory physiology is considered by many students and graduates to be an arcane subject but of considerable potential clinical utility. There is no doubt in my mind that students find it a difficult subject and this may be because it is intrinsically incomprehensible or because it is badly taught. Comprehension is hindered by the non-numerate background of medical students and the quantitative nature of the subject and this makes the task of teaching the subject more exacting.

This book sets out to use a technique of programmed instruction to serve as an introduction to the subject of human respiration and the author claims his book has produced more successful examination results when compared with students taught without the aid of the book. Such a statement can, of course, only be taken at its face value and requires further elaboration as the rationale of this book lies not in its content but in its presentation of facts in an easily assimilable and comprehensible manner. The role of such books in medical education is still poorly defined and any success may be attributable to the novelty of the approach which hopefully rivets the students' attention to the subject.

The style of presentation is certainly novel. It is chatty, occasionally facetious, and certainly not dull, but remains difficult to read as the correct pathway of information is iterative and thus the book cannot be read straight through from cover to cover. This is irritating at first, but I can see its value and I quickly became used to the five pages forward, three pages backward format. The style, however, hovers uneasily between the traditional essay style textbook and the rigid, formal programmed instruction manuals and may satisfy neither the reactionary nor radical.

The content is of a high standard and the main criticism I have relates to the medical sections which are not as excellent as the physiology and betray a lack of feeling for the subject. However, for 22/- this book offers a thoughtful and interesting introduction to a subject that has defied the efforts of many teachers to communicate to the uninitiated. I hope it succeeds.

T. J. H. CLARK.

LECTURE NOTES ON HISTOLOGY.

W. A. Beresford. Blackwell; Oxford. 1969. 25s.

There is an urgent need for a text to deal with the sort of histology a medical or dental student is likely to meet in his pre-clinical years, which will be neither antediluvian in its information, nor threaten the subsequent bankruptcy of its purchaser.

The author has succeeded in presenting a clear, concise, set of notes reflecting what must be an interesting and up-to-date series of lectures, and which maps out a reasonable framework of knowledge at the 2nd M.B. level. Although one may wish to take cudgels against the author's definition of histology as "the visual examination, usually with the magnification of microscope, of biological preparations thin enough to transmit light or electrons"—a somewhat restricting introduction to the study of tissues—Beresford manages to lean in the direction of function quite often.

Inevitably a few errors and irrelevances creep in here and there—what is an "accessory disc" in striated muscle, for instance, in the days of electron microscopy? Do we need to know about "neurokeratin" and not about the importance of nodes of Ranvier?

The student must use the book alongside some fuller treatment such as a lecture course (it is almost entirely without illustration). It is highly unlikely, however, that any series of lectures apart from that given by the author of the book will follow precisely the same scheme, or give the same weighting as given in this text (the clinical references for instance are very dilute). By the same token it would be unwise to rely on this particular treatment in revising for examination purposes.

Having said this, it must be added that the book deserves to be read by students and teachers alike, since it will be a help in reducing indigestible pieces of information to a more readily assimilated form, and will also be valuable in jolting the memory, and revealing the areas of ignorance; as a first encounter with the world of histology, however, it is likely to achieve the opposite, and should be handled with some care.

L. H. BANNISTER.

REVIEWS

GUY'S HOSPITAL MUSIC CLUB
SUMMER RECITAL SERIES
1969

THE THOMAS GUY CONSORT

Director: Stephen Coles.

Stephen Coles, Voice and Keyboards.

Robert Anderson, Keyboards.

Margaret Anderson, Violoncello.

with

Derek McCulloch, Countertenor.

Michael Arno, Recorder.

Elizabeth Riach, Bass Viol.

19th August, in the Chapel

On a miserable summer's evening, the Thomas Guy Consort opened its series with a concert of music of the Renaissance and Baroque in Europe. Throughout its performance, the Consort, with three guest artistes, gave lively renderings of music stretching over 200 years. The vocal pieces included the opening "Nascere, nascere, dive puellule," for alto and continuo. Here Derek McCulloch sounded beautifully warm and rich: the chapel is indeed a good building for his voice.

Although there were small inadequacies in the ensemble at the opening of the outstanding Buxtehude, "Jubilate Domino", for alto, bass viol and continuo, the players settled down to a spirited performance, the last section being quite electrifying. The continuo section must be warmly praised for its neat phrasing, but above all, was Miss Riach's virtuoso performance on her bass viol.

A Byrd solo from the Penitential Psalms was so delightfully phrased taking much from the words at the point "my sinful sex". Michael Arno played three recorder sonatas by Loeillet, Telemann, and de Fesch. His playing was pure but sensitive, a sure touch of a master, whilst the continuo playing was delightfully complementary, full of original development of the simple themes. It was pleasant to hear a gamba used as the bass instrument. Its silvery tones reinforce the spinet, but do not distract from the solo recorder as is so often the case with the 'cello.

The organ pieces by Newman and Tallis, played by Stephen Coles, made full use of the somewhat limited appeal of the Chapel organ, and added a religious atmosphere to the evening, whilst Robert Anderson played the variations on "Mein junges Leben hat ein End", by Sweelinck, on an outstanding little spinet by Stephen Fogg.

The ensemble finished with an aria from a Bach Cantata, for alto, recorder, and continuo. Subtle use of rubato here gave this piece much feeling, with the beautiful recorder part soaring over the deeply moving alto solo, with McCulloch on top form. The Chapel has its limitations but the atmosphere generated by the audience proved how worthwhile the effort expended by the Consort had been, and how much musical expertise lies in Guy's.

CHRISTOPHER RUDGE

THE THOMAS GUY CONSORT ON LOVE AND DEATH

26th August, in the Nurses' Home (due to rain).

As with the previous week's concert, it was disappointing to see how few ticket-holders actually attended. On this occasion, the lack of general knowledge as to what would happen to the Open Air Concert if the weather was wet, might have been partly responsible.

Despite the small size of the audience, the Consort gave, in general, a good account of themselves, though there were some early problems of balance between the instruments and voices. Ensemble between the performers was very good, despite a few less successful moments.

The concert got into its stride about half-way through the section on "Love", with "Among rosebuds slept a bee", where Stephen Coles's impersonation of the bee was carried out in his usual vigorous and unself-conscious style. Margaret Anderson played well, but very little of the music she had to play allowed her to show off her capabilities to the full.

The spinet playing was well done by both Mr. Anderson and Mr. Coles, though the former used a greater rubato in his playing. This is very important as a means of dynamic expression on instruments of this type, where the strings are plucked, and deserves to be used wherever possible.

The fact that only four people served with wine in the interval left before Part II bears testimony to the pleasure derived from the evening's entertainment by the vast majority of the audience.

IAN STARKE

THE THOMAS GUY CONSORT ON MIRTH

2nd September in the Colonnade.

Once again the Music Club is opening up new fields. Its Thomas Guy Consort recently gave a performance on that patch of grass on the left. Surrounded in the mid-distance with distant-eyed nurses and disturbed TV-viewers, with the Roman Souvenir and Gift Shop for sound box, they rendered unto a large paying audience of 22. Personally, I don't care if you don't turn up, " 'cos that way I get to sit in the front row ". But you missed a most enjoyable evening (wine was provided in the interval), not to mention Margaret Anderson behind her viola (sic), with whom it was impossible not to fall in love at first sight. (Can you hear me, Margaret?) The rest of this promising new group's line-up consists of Robert Anderson on spinet, Stephen (old King) Coles on vocals, Robert Anderson on regal, Stephen Coles on regal, Robert Regal on Stephen, etc. The whole, in short, carried a romantic ambience enhanced by amber arc-lights and refreshing breezes.

Considering the shortcomings of the venue, the Consort achieved much. Against a background of cars and feet, the music was inexplicably audible, and the spinet, ostensibly so fragile of tone, held its tone against the viola (sic) and Stephen Coles. One's sole criticism of the instruments would be that Mr. Coles was asking too much of his larynx. Lacking the power, charm and full-range purity that one comes to take for granted in a professional, he must have been distinctly strained by the need to please for so long a time at a stretch.

One was, though, uncertain whether the regal, sounding like an appurtenance to an Elizabethan panel-game, was included in all seriousness or not. Admittedly this slightly rude-joke instrument succeeded in occasioning hilarity where the choice of programme failed. Whilst the whole of the programme was enjoyable to listen to, and well played, scarcely more that one item could truly be described as mirthful. It seems unfair to criticize on such trivial semantic grounds what was undeniably a pleasurable event, thoroughly worth repetition; but I must write something, after all.

DAMIEN DOWNING

NOTICES

Art Society

The Annual General Meeting of the Art Society will take place on **Friday, 31st October, 1969,** at 12.30 p.m. in the North Common Room.

Agenda :

1. Apologies for absence.
2. Minutes of the 1968 A.G.M.
3. Matters arising therefrom.
4. Treasurer's Report for 1968-1969.
5. Secretary's Report.
6. Election of officers for the coming year, including new Secretary.
7. Election of Committee.
8. Plans for the coming year.
9. New membership scheme.
10. Any other business.

All members of the Hospital are invited to this important meeting, to elect new officers and members and to discuss plans for painting demonstrations, exhibitions, films and social evenings in the coming year.

MORNA VAN ESSEN
(Hon. Secretary).

Guy's Hospital Reports

Vol. 118/2 has now been published. The contents are as follows :—

The design and building of Mr. Guy's Hospital—R. A. Cawson.

The concomitants of raised blood sugar : Studies in newly-detected hyperglycaemics. I. A comparative assessment of neurological functions in blood sugar groups—R. J. Jarrett *et al.*

The concomitants of raised blood sugar : Studies in newly-detected hyperglycaemics. II. Urinary albumin excretion, blood pressure and their relation to blood sugar levels—H. Keen *et al.*

Studies of carbohydrate metabolism in hypothermia—W. J. Zakolski *et al.*

The aetiology and pathogenesis of multiple sclerosis—C. W. M. Adams and J. F. Hallpike.

Why sulphonamides, when combined with 2–4 diamino-pyrimidines, are effective in sulphonamide-resistant gonorrhoea—D. J. M. Wright.

Results of treatment of painful deformed knee by upper tibial oesteotomy—A. L. Gunn.

Electroconvulsive therapy in the treatment of "hysteria"—J. Guy Edwards.

Orders for separate copies of this number, or for annual subscriptions to the reports should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rates for Guy's men are :—

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Watch your notice board and professional press for details. A few vacancies for young graduates also occur from time to time.

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A. E. Cadman, R.N.
Empress State Building,
(26BX5), Room 324.
London, S.W.6.

RN
ROYAL NAVY

MOTOR MEDICA

by Harry Scott, L.D.S.

BMW 2002 Automatic

Mitte. Small, four-seat, two-door saloon, vivid performance, excellent automatic gearbox, fine handling, good finish, 100 b.h.p.; 112 m.p.h.; 25 m.p.g.; 0—60 10.5 secs; £1,855.

The neat two-door body is easy to clean, both bonnet and boot extending the full width of the car. The forward-opening bonnet with "pull-down" lock opens to reveal the high quality engineering beneath, the inclined single-overhead-camshaft engine of 1990 c.c. and its easy to reach ancilliaries. The boot is large for the size of the car and the floor lifts up to gain access to the spare wheel and comprehensive toolkit neatly secured beneath. The finish of the bonnet and boot lid internally is not up to the standard of the rest of the car.

The wide doors, with frameless windows, allow easy entry especially to the rear, when the front seat squab is folded forwards by a lever in the side. The rear seat is large but somewhat upright and legroom is marginal. Space is ample in the front, the seats being adjustable fore and aft and for rake. I like the 45° door handles and the easy movement of the windows. The black P.V.C. fascia has a non-skid shelf and drop-down locker in front of the

passenger, an open locker in the centre and the switches and instruments, in three round dials, well placed in front of the driver. A stalk to the left of the steering wheel operates dip and flasher and one to the right indicators, parking lights and "wash and wipe" control. This is the best I've found, pull the lever towards the wheel and the washers spray while the wipers run for five strokes. The whole interior is well finished and efficiently laid out, if a little plain in appearance.

AUF DER STRASSE

Driving position is first-class, the leather-covered steering wheel being most pleasant to hold. The steering is light and accurate with little lost motion and the turning circle is very compact, making the 2002 a most manoeuvrable machine. Vision, all round, is exceptional with no blind spots, the large glass area giving an airy feeling to the interior. Heating is excellent, the selection is very precise, but the extraction needs help from the opening rear windows in some conditions.

Handling and road holding are very good indeed on the Continental radials fitted, one feels in control at all times. Cornering is flat and adhesion very sure for such a light and powerful car. It is only slightly affected by side winds over 100 m.p.h. and I have seen the TI (not yet available over here) at what must have been over 120 m.p.h. in Germany looking very stable indeed.

The dual-circuit braking system is most efficient at all times. The automatic transmission is controlled by a "T" handle in a straight "gate" with positions P.R.O. (neutral) A 2 1. A button must be depressed to select P and R and I feel this could be extended to include O to give a positive stop when changing up manually. In A the box is fully automatic changing gear according to throttle opening, with the pedal hard down second gear holds to 72 m.p.h.

There is a kick down giving the next lowest gear—very useful for overtaking, 1 2 and A can be selected manually giving a three-speed gearbox, then the car will do over 80 m.p.h. in second. Driven this way the performance is exceptional, very fast and very safe. Few cars can be as agile as the 2002 either on the open road or down twisty lanes when holding second gives really shattering results !

Spares are a little expensive but service is good (with first-class voucher system) every 4,000 miles. B.M.W.'s tow very well indeed (I have three years' experience) the trailer load for the 2002 is 2,645 lb.

The right size, well finished, with magnificent performance (perhaps lacking a little "character") this is the car for today's crowded roads—I can think of few to touch it.

CORRESPONDENCE

Further Appreciation

SIR,—I wrote the appreciation of Dr. Bishop in somewhat of a hurry as I was just going on holiday. I find that I stated he was an H.P., but in fact he was H.S. to Mr. Rowlands. Further, I omitted to say that he was Endrocrinologist to the Post-Graduate Medical School, Hammersmith (Department of Obstetrics and Gynaecology).

Yours, etc.,

J. B. BLAIKLEY.

The Superintendent's House,
Guy's Hospital.

Harvest Home

SIR,—May I extend my grateful thanks to the many people who donated gifts towards our Harvest Thanksgiving Service held in the Chapel on 28th September. I am sure the donors will be pleased to hear that as a result of all their generosity over forty families in the area received boxes of fruit, greengrocery and groceries. The boxes went to people in need and were delivered by our young student nurses.

Many, many thanks.

Yours, etc.,

REV. R. BEEVERS, *Chaplain.*

Guy's Hospital, London, S.E.1.

"De Motu Cordis"

SIR,—Every year the Physiology Department and the Wills Library buy a number of copies of Harvey's *De Motu Cordis* for the use of Second M.B. students. Every year a proportion of the copies are borrowed, never to return. Normally this is accepted as we are pleased that students are keen enough on Harvey's classic to wish to possess a copy of their own. This year, however, no copies are available to buy as all editions are now out of print, and this year's students may well be deprived of a chance to read it. Could I therefore ask any student who has a copy from previous years to return it either to the Physiology Department or the Wills Library. No questions will be asked and the staff will carefully look the other way!

Yours, etc.,

WILLIAM HILL.

The Wills Library,
Guy's Hospital,
London Bridge, S.E.1.

All Saints' Hospital, South Africa

SIR,—I have discovered that I was guilty of two errors in my article on All Saints' Hospital in your issue of the 27th September.

The first, and most serious, was the statement that there was an "absence of any Government immunisation schemes" in the Transkei. The Government does run both Polio and Smallpox immunisation schemes. I apologise to the South African Government for this unforgiveable error. (Tetanus, diptheria, pertussis and BCG vaccines are also available free to all hospitals, though few have sufficient manpower to run effective preventive schemes.)

The second, less serious error, was my use of the word "tsotse" applied to fighting youths in the Transkei. This word is more correctly applied to the delinquent urban Bantu youths, who not only fight amongst themselves, but are also a danger to the community as a whole. It is this sort of violence which has boredom and frustration as major aetiological factors.

In the Transkei, the fighting is seldom a danger to anyone other than the youths taking part. It is traditional before coming of age and is done for the fun of it. It receives faint support or even encouragement from the rest of the tribe.

Yours, etc.,

A. G. SAMUEL-GIBBON.

East Wing,
Guy's Hospital, S.E.1.

SPORT

For the last few months most comments on Guy's sports have centred around the word "apathy", and the implications of the decadence of modern medical students. Many a fine bar-room critic has spouted about the passing of the fine old days of sports at Guy's and the present day lack of enthusiasm of the student body. Such appraisals of the Guy's sports scene are, at the best, only partially true, and at the worst merely indicate a dangerous ignorance. What is closer to the truth, is that certain sports are increasing their popularity, whilst others are diminishing in theirs. The swimming and squash clubs are both stronger in talent and numbers than ever before. This may reflect on a general trend. However, it is interesting to note, both clubs have energetic and enthusiastic club officials. Maybe there is nothing in this, but it is to be hoped with the intake of eager new students it will not be lost to Guy's sports due to unsympathetic club organization.

RUGBY

1st XV

Saturday, 27th September, saw a most desultory match between Guy's and Old Askeans, at Kidbrooke. Although Guy's pack played with great spirit, little was gained. The loose play in particular was inconclusive. As a whole the team never looked really settled. The result of a 0—0 draw reflects on the fact neither side deserved to win. With one game in hand before the match with Cambridge on Saturday, 11th October, it is hoped Guy's play will improve.

SOCIAL RUGBY

This coming year looks to be another good season for Guy's Social Rugby. The notable "Extra-Beers" side is fielding a greatly strengthened team this season. A number of absentees from the 1st and 2nd XV who, as a result of obligations to the N.H.S. are unable to train and are now making the "Beer" quite a formidable side. It is hoped that Guy's will also be fielding three other social sides this season: The Wanderers, Angels, and Extra "B" XV. If this is realised, the Rugby club will again have eight XV's out on Saturdays.

BOAT CLUB

THE BOSTON MARATHON

Lincoln to Boston is 31 miles by water, which is a long way to row by anyone's standards. For this year's marathon, Guy's entered a coxless four. The crew was: Paul Gooden at bow and steering; Tony Fern at two; Tim Miller at three; and as a result of Peter Moulder retiring due to a septic finger, Paul Robinson stepped in at stroke.

After an erratic start, Guy's crew settled in well, arriving at Bordney lock in 55 minutes. It is at this point where the crew must carry their boat around the lock, followed by another 22 miles of rowing. At this half-way stage, the going is rather tough, for to average a mile every seven minutes for four hours is no light task, many a faint-hearted crew start to lag at this stage. However, aided by the occasional dextrose, or chocolate tablet, and orange drink, Guy's pushed hard and never stopped.

At Kirkstead Bridge, 11 miles from the finish, Guy's were just down a little, but considering that it was the first time out for this crew, they were doing amazingly well. Soon after, number two had a few twinges of cramp, which all oarsmen fear, and yet can do nothing to avoid. For a short period he had to stop rowing, but at the finish, although beset with attacks of cramp, he rowed on gamely.

The crew finished amazingly strongly at Boston in an excellent time of 4 hours 8 minutes and 50 seconds. Even though they were beset by difficulties, Guy's finished only three minutes behind the first conventional four, which was an excellent start to this, the 125th season.

In particular, Paul Robinson's efforts must be noted. He stepped in at stroke after not having rowed since June, and gave all he had, in a superb effort. In fact, the whole crew, with little training, also gave a splendid performance, giving their maximum effort.

P.L.H.

SOCCER

GUY'S v. BRIGHTON-HOVE & SUSSEX G.S.

Away. Result: Won 4—2.

Once again, Guy's made the journey to Brighton not knowing whether they had ten or eleven players to face the fit and keen Grammar School boys. There is no record of Guy's having beaten Brighton, last year's draw being the closest Guy's have been to a victory, previous years resulted in 6—1 defeats and worse.

Colin Baker fresh from his ordeals with the Spanish ladies and wine, came in at his centre-forward position with hopes of keeping alive for 90 minutes.

Guy's new line-up included two refugees from the Rugby Club, McConnell and Valentine, who have been impressive in previous games.

The game eventually started after the opposition received their pre-match instructions on how to make Georgie Best look like Bessie Braddock. The talk must have been good, for Brighton scored after three minutes from a disputed free-kick decision given against the author. Guy's were really unsettled at first, but as the game progressed, Guy's showed that their physical strength would be a great asset.

It wasn't long before Baker powered his way through the Brighton defence to equalise for Guy's. Not being very impressed by the Brighton defence, Baker showed his contempt by putting his second into the net a few minutes later.

Having tightened the defence and playing some good football from mid-field to the forwards, Guy's began to impress and actually looked like a football team. Guy's went further ahead before half-time, Lovell scoring from a penalty after Baker was brought down on another of his runs.

Guy's were determined to hold on to this lead, and with Drage and McClure playing well in midfield and Lindridge trying to keep Lovell from getting too upset with the referee's ever increasing farcical decisions.

Brighton reduced the arrears much against the run of play. However, Baker brought his total to three a few minutes before the end, the Brighton goalkeeper thinking he was lucky to be alive, having carefully avoided Baker's on-rushing frame.

The final score of 4—2 to Guy's was a very impressive result, especially for a team not yet settled into a set pattern of play. If Guy's can keep this form they must certainly be a force in the Hospitals' League and Cup.

With the new intake, the usual hopes of gaining a Schoolboy International or that Dennis Law has decided to study medicine, the Soccer Club may look forward to a fruitful season.

D. LINDRIDGE.

SQUASH

Last season the number of members who played squash for one of the hospital teams rose to over forty. The results were variable. The Cumberland Cup team managed to hold their position in the third division, and the first team won over half of the total matches played. Most credit must go to the "social" teams, which have now moved into the first division of the London League.

For the benefit of the newcomers to Guy's, the Squash Club runs a Wednesday afternoon practice, for coaching and trials, to which anyone is welcome to attend. Court bookings may be made at the courts, which are situated behind the Medical School.

The Club recommends that racquets and other equipment be bought from "John Bennet & Co." in the "Old Kent Road." This shop gives excellent service, and a 10 per cent discount on all purchases.

On average, three matches are played every week during the season, and selection is made on performance at the practices and positioning on the Club's Ladder. It is hoped that new members wishing to play for Guy's at any level should make themselves known to any of the club's officers.

Captain—Ian Mackenzie.
Vice-Captain—Jonathan Mackay.
Hon. Secretary—John Lewis.
League Secretary—Robert Lomax.
Doubles Secretary—Tony Sutherland.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

London Bridge S.E.1.

Applications are invited from medically qualified graduates for the post of **Lecturer** in the Department of Microbiology, with duties to commence as soon as possible. The post includes teaching duties to medical and dental students and facilities for research. Salary in the scale of £1,885 to £3,020 with superannuation. Forms of application are obtainable from and should be returned to the Dean, Guy's Hospital Medical School, S.E.1.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Junior Surgical Registrar** with duties to commence on 1st November, 1969 and appointment until 30th September, 1970 in the first instance. Applicants should have passed the primary F.R.C.S. Forms of application are obtainable from the Superintendent and should be returned by **21st October, 1969.**

GUY'S HOSPITAL S.E.1.

Applications are invited for the post of **Senior Registrar** in Haematology with duties to commence on 15th January, 1970 and appointment until 30th September 1970 in the first instance, renewable annually subject to satisfactory service. The post provides training in both laboratory and clinical Haematology and is recognised for training for the M.C.Path. Previous training in Haematology desirable. The person appointed will be expected to participate in the routine work of the department and in teaching and will be encouraged to undertake research. Interested applicants are invited to visit the department. Forms of application are obtainable from the Superintendent, Guy's Hospital, S.E.1 and should be returned not later than **29th October, 1969.**

GUY'S HOSPITAL

HOUSE APPOINTMENTS

1st DECEMBER, 1969

Applications are invited for the following house appointments due to begin on 1st December, 1969. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, Superintendent's Office, not later than **24th October, 1969.**

The following house appointments will be for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment:—

House Physicians 4
House Surgeons 3
Throat and Ear House Surgeon 1
Orthopaedic House Surgeon 1
House Surgeon to the Breast and Plastic Surgery Units 1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's:—

House Physician 1
House Surgeon 1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere:—

Children's House Physician 1
Thoracic House Surgeon 1
Genito-Urinary House Surgeon (or post-registration) 1

The following post-registration and S.H.O. appointments will be for six months:—

Resident Obstetrician (post-registration) 1
Casualty Officers (S.H.O.) 3
Senior House Officer to Nuffield House (S.H.O.) 1
Resident Anaesthetist (S.H.O.) 1

EVELINA HOSPITAL

Children's House Physicians (post-registration) 2
1 to commence 1.12.69.
1 to commence 1. 2.70.

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) 1
Preference given to second six months candidate.
House Surgeon (pre-registration) 1
Preference given to second six months candidate.
Senior House Surgeon (S.H.O.) 1

NEW CROSS HOSPITAL

House Physician in General Medicine and Geriatrics (pre-registration) 1
Preference given to second six months candidate.
Orthopaedic House Surgeon (pre-registration) 1
Preference given to second six months candidate.
Orthopaedic House Surgeon (S.H.O.) 1
House Physician to the Rehabilitation Unit (S.H.O.) . . . . ?
to commence 1. 1.70.

OUTER HOSPITALS

Preference will be given to second six months' candidates for the following posts, but first six months' candidates may apply:—

LEWISHAM HOSPITAL

House Physician to Dr. Price (pre-registration) 1
To commence 2.12.69.
House Physician to Dr. Roberts (pre-registration) 1
To commence 19.12.69.
House Surgeon to Mr. Lynn Evans (pre-registration) 1
To commence 15.12.69, locum to commence 1.12.69.
House Surgeon to Mr. Ivo Smith (pre-registration) 1
To commence 30.12.69.

MILLER GENERAL HOSPITAL

House Physician to Dr. Tillman, Dr. Colover Dr. Mallinson and Dr. Bassodone. (pre-registration) 1
House Surgeon to Mr. Candy and Mr. Gardiner (pre-registration 1
House Surgeon to Mr. O'Flynn and Mr. Fyfe (pre-registration) 1

ORPINGTON HOSPITAL

House Surgeon with Gynaecology to Mr. Walker-Brash and Miss Austin. (pre-registration) 1
House Surgeon with Physical Medicine to Mr. Boxall and Dr. Kauffmann. (pre-registration) 1
House Surgeon with Orthopaedics to Mr. Boxall and Mr. Lam. (pre-registration) 1

PEMBURY HOSPITAL

House Surgeon (pre-registration) 1
House Physician (pre-registration) 1

ST. JOHN'S, LEWISHAM

House Surgeon (pre-registration) 1

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott (pre-registration) 1

P. J. HELLIWELL,
Superintendent.

October, 1969.

STAFF CHANGES AND APPOINTMENTS

APPOINTMENTS

Sisters

Miss J. T. Kwong, Queen Mary Hospital, Hong Kong, Theatres, 25.8.69.
Miss B. O'Hara Murray, Guy's, Relief Nuffield House, 22.9.69.
Miss M. Evans, Queen Elizabeth, B'ham., Theatres, 1.9.69.
Mr. P. J. Farrell, West Wales General Hospital, York Clinic, Deputy Charge Nurse, 15.9.69.
Miss J. Perioli, Ipswich & East Suffolk Hospital, Maternity Unit, 22.9.69.
Miss L. Kirby, Guy's, Casualty, 6.10.69.

DEPARTURES

Mrs. W. Schweitzer, Theatres, 19.9.69.
Mrs. P. Anderson, School of Nursing, 17.10.69.
Miss M. Lewis, Theatres, 31.10.69.

PASS LIST

UNIVERSITY OF BIRMINGHAM
M.D.

R. H. R. White

PERSONAL

GREAT BOOKHAM

FOR SALE—Attractive, modern 3-bedroom house (not estate). Full gas C.H., woodblock floors, immaculate decoration. Garage and space surgery-house extension. Secluded Southern walled garden. Close village, schools, station—Waterloo 37 minutes. Near Epsom, Guildford, Kingston, Redhill hospitals. £9,250. Tel: Bookham 4984.

BIRTH

BRUMMITT—On 26th August, 1969 to Anne (née Saunders) and Mike, a daughter, Katie Jane.

CHANGES OF ADDRESS

Nigel J. B. Head, B.D.S., No. 1, Manorfields, Manor Road, Seaford, Sussex.

Mr. and Mrs. James R. Hudson, 36, Wimpole Street, London. Telephone: 01-935 5038; Residence 01-486 3236.

Dr. J. G. P. Hutchison, 38 Chantry Road, Moseley, Birmingham, 13. Tel: 021-449 1535.

Dr. F. J. Napier, Chedgrave Lodge, Chedgrave, Norwich NOR 20W.

Dr. M. J. Neal, University Dept. of Pharmacology, 29 Brunswick Square, London, W.C.1.

Dr. O. L. Thomas, 43, Murray Farm Road, Beecroft, N.S.W. 2119, Australia.

PAPERS BY GUY'S MEN

Meadow, S. R. The Captive Mother. *Arch. Dis. Childh.* 1969 **44** 362.

Meadow, S. R., White, R. H. R. and another, The prevalence of symptomless urinary tract disease in Birmingham school children. No. 1 Pyuria and Bacturia. *Brit. Med. J.* 1969 **3** 81.

Joseph, M. C. and Meadow, S. R. The metacarpal index in children. *Arch. Dis. Childh.* 1969 **44** 515.

Martin, J. A. M. Cancer of the nose, throat and ear in Uganda in "Cancer in Africa". *East African Med. J.* publication.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2120

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Dr. Charles Baker, O.B.E., F.R.C.P.

It is with deep regret that we have to announce the death, early in the morning of Tuesday, 21st October, of Dr. Charles Baker.

Flossie Bones, her table and the "Ship and Shovel"

Flossie Bones died peacefully in July this year. She will be mourned by Guy's men all over the world who worked or trained at Guy's before or during the last war.

Mrs. Bones was the proprietress of the "Ship and Shovel", the pub in Great Maze Pond that was destroyed by a bomb in December 1940. But to countless Guy's men she was much more and we are pleased to publish a tribute to her memory from Dr. Bishop, who was Deputy Superintendent of the Hospital at the time of the bombing.

Flossie Bones

Flossie Bones was as much an integral part of the hospital and a Guy's character in my day as a student and house officer as Whitbread, the tall and dignified, moustachioed, top-hatted Head Porter, or the Almoner—where's that Grundy woman?—as Treth (Trethowan), the brilliant and eccentric founder of modern orthopaedics at Guy's used to say—or Shipcott, the College Porter. Bonzo was an inappropriate name for Flossie, though it rather suited her husband "Flossie," however, gave exactly the right mental picture. She was bosomy and blonde, a woman of great character and kindness. There wasn't a Student Health Service in those days and Flossie coped with many a student's emotional—and, I suspect, temporary financial—problems.

The "Ship and Shovel", situated in Great Maze Pond, about 100 yards from the College, was almost part of Guy's and indeed the College Porter—there were no "bleeps" then—would not consider he had completed his search for a House Officer unless he had come to the "Doctors' Room" at the Ship to see if he was there.

The Doctors' Room was reached by a separate entrance and its main piece of furniture was a circular oak table on which generations of Guy's

men had carved their initials on the night they became qualified doctors. The Ship perished during the fire blitz in the World War II but the table was rescued and is now in the possession of the Residents in the East Wing.

The "Ship and Shovel," referred to Admiral Sir Cloudesley Shovel, who was drowned on 22nd October, 1707, when his ship, the "Association", struck a rock near the Scilly Isles when the British Fleet was returning from the unsuccessful attempt on Toulon during the Peninsular War. It is thought that this ship might be carrying a considerable amount of treasure and the wreck has recently been located and large scale salvage plans are being put into action.

But my asides have led me away from Flossie Bones. She was a dear friend of mine, but of course I was a regular customer. When we got married she gave my wife and me a most handsome cut crystal flower vase, which is still in constant use in our house.

P.M.F.B.

As Dr. Bishop mentions, the circular table, well carved with many sets of initials, was rescued from the burning pub and was taken to the College. It was agreed between Dr. Bishop and Mrs. Bones that the table should be on permanent loan to the Hospital until such time as she should wish to reclaim it. Her daughter has now written to Dr. Helliwell saying that it is her wish that the Hospital keep the table as a tribute to her mother who was such a good friend to many of the staff of the Hospital.

The table, with a new set of legs, now stands in the Residents' Bar in the East Wing. It is proposed to put a small plaque on the table telling of its origins, of its rescue and of its previous owner.

The Continuing Struggle

The latest move by the Junior Hositals Doctors' Association, in its efforts to improve the junior hospital doctors' lot, has been the launching of a "six-point charter". This charter highlights those complaints or at least those points of contention, which have been voiced by many of the younger generation of hospital doctors in this country, at the present time. The J.H.D.A. calls strongly for the independent democratic representation of hospital junior doctors, to ensure the right conditions of service, pay, career structure and training. Direct negotiating rights with Government and other bodies concerned with these important matters, is perhaps the only method by which successful and painless changes can be effected. However, it should be made clear that at the Annual Representative Meeting of the B.M.A. this year, the vote was against the concept of a separate standing committee for junior hospital doctors. The margin, a mere 16 votes, is indicative that the current battle of words fought by the J.H.D.A., has found support in the ranks of the B.M.A.

The second point in the charter is the "principle of eight". Eight hours work, eight hours study and recreation and eight hours for sleep. It is pointed out that these conditions of service must be accepted to allow all hospital doctors the opportunity to lead a social and domestic life as is enjoyed by the rest of the community. Furthermore, patients must be protected from the danger of being treated by tired hospital doctors. The provision of married quarters for residents on duty, improving rota systems to allow for regular periods of rest

and relaxation and the redistribution of work loads and of staffing to prevent the unnecessary use of doctors outside normal and reasonable working hours, are the main objectives in this fight.

The attitude to pay is, for routine work a basic salary must be forthcoming, with additional payments for work done outside normal hours. The climb up the medical career ladder must be arranged so that Consultant status may be reached by the age of 30 to 32, some eight years post qualification. Throughout this period post-graduate training must be provided without directing junior doctors into non-training jobs, e.g. the staffing of geriatric and mental hospitals.

The final point the charter elucidates is the plight of the regional hospital. Sub-standard buildings and serious shortages of nurses and paramedical staff, are the reasons that many regional hospitals cannot recruit and retain well-trained staff. Government expenditure on hospital building schemes must therefore be increased.

It is, therefore, in these days when values and standards are in an inevitable state of confusion and flux, that social priorities become somewhat uncertain. The J.H.D.A. campaign with noble intention for the rights of junior doctors. At the present time this campaign is limited to the use of words with occasional rumblings of break-aways and mass resignations from the B.M.A. Let us hope that further action, as demonstrated in recent weeks by those who play an important role in cleansing society, will never be necessary to attain these rights.

British Orthopaedic Association

Mr. J. S. Batchelor has been elected President of the British Orthopaedic Association. We congratulate Mr. Batchelor on his election.

Honorary Queen's Physician

Air Vice-Marshal Ralph C. Jackson, C.B., F.R.C.P., has been appointed Honorary Physician to H.M. The Queen. We offer him our congratulations on his appointment.

GUY'S DIARY

OCTOBER			
28	Tu.	1.00	Clinical Lecture. Mr. BEARD. "Rectal Examination."
30	Th.	1.00	Clinical Lecture. Dr. I. McD. G. STEWART (Consulting Physician, Victoria Hospital, Blackpool).
31	F.	2.15	Combined Round in Pre-Clinical Classroom. "Management of Hypertension." Chairman: Dr. MALLINSON.
NOVEMBER			
3	M.	1.00	Clinical Lecture. Mr. BATCHELOR. "Abnormal Joint Movements."
4	Tu.	1.00	Clinical Lecture. Dr. MANN. "Typhoid Fever."
7	F.	2.15	Combined Round in Pre-Clinical Classroom. Chairman: Dr. SAXTON.

Professor R. Knox,

M.A., M.D., F.R.C.P., F.C. Path.;

a tribute on his retirement.

Professor R. Knox retired from his Chair of Bacteriology on the 30th September, 1969, after twenty years at Guy's Hospital Medical School. The son of a distinguished radiologist, he first read classics at Balliol before training in medicine at St. Bartholomew's Hospital. After qualification he spent three years at Bart's, first as a House Physician, and then as Chief Assistant. In 1935 he became a Demonstrator in Pathology at Cambridge, and in 1937 joined the Imperial Cancer Research Fund.

With the outbreak of war, he became a member of the Public Health Laboratory Service, an organisation designed to place experienced bacteriologists all over the country in case of need, and he moved about from Stamford to Leicester and finally to Oxford.

Despite the constant movement, he was from an early stage a keen experimentalist and some of his most important work on the role of adaptive enzymes was carried out in the Public Health Laboratory Service. There was, at the same time, a flow of reports on problems encountered and solved in his routine work.

It was with this background that Robert Knox came to Guy's in 1949 to start the present Department of Bacteriology. The site was the roof of part of the Department of Pathology, and skilful use was made of the space available. Since then the Department has gradually spread until it covers most of the 5th floor of the Pathology Block.

He continued his work on the adaptive enzymes, a field always close to his heart, and became deeply interested in Penicillinase and later the new semi-synthetic penicillins and their stability to various Pencillinases. This was also the period when a series of new antibiotics were released and many of these were the subject of investigation in the Department. Infection with Mycobacteria was one which became treatable and for many years research on this problem occupied his time.

More recently Professor Knox took up the problem of steam sterilization, and he plunged into the complex engineering involved with all the enthusiasm he had shown for all the projects in which he was involved.

A popular examiner, he was active up to his retirement at Universities all over the country. His early classical education had given him a keen eye for an inaccurate phrase, and he was much sought after for his opinion on scientific papers, and for some years was editor of the Guy's Hospital Reports.

With his thorough clinical training and his continuing interest in diagnostic problems and the application of antibiotics, he was often consulted by his clinical colleagues, who found him a fund of information.

Despite these professional commitments, he was an outdoor man, having coxed the University boat at Oxford and later becoming a keen golfer. While as anyone who visited his home would see, he was a knowledgeable and active gardener.

He was popular with Hospital Staff, Students and the members of his Department alike, always available for help or advice without stinting his time. We are sorry to see him go, men with such wide experience are difficult to replace, but we wish him a happy life in retirement, which fortunately is only partial as he is returning to a small laboratory at his old hospital.

R.H.G.

PLAYTHINGS IN THE DEVELOPMENT OF LANGUAGE

Mary D. Sheridan, O.B.E., M.A., M.D., D.Ch.

Mary Sheridan is a Liverpool graduate. She worked in public health for 18 years before joining the Home Office Children's Department at the end of the war. In 1954 she transferred to the Ministry of Health as medical officer with special responsibility for handicapped children. On retirement she was given a Medical Research Council grant to continue her work. In 1968 she was awarded the James Spence Medal of the British Paediatric Association for outstanding work in the advancement of Developmental Paediatrics.

The infant and young child learns to find meaning in the world around him and to adapt himself to living within the social culture into which he has been born, in a series of recognized stages through observation, imitation, trial and error practice, asking questions, following instructions and finally through constructive reasoning. His primitive unrelated sensations, visceral, kinaesthetic, proprioceptive, gustatory, olfactory, visual and auditory become organized into percepts. Out of these multi-sensorial percepts, he builds his concepts and out of his concepts, his individual way of living. Thus, his inborn abilities and his opportunities to learn from experience through looking, listening, manipulating and moving about a stable environment and at the same time associating rewardingly with other people, are essential to the development of his body, mind and personality.

The young child's natural teachers are his parents ; his natural "school" is a family home where he has time, space, security and encouragement to pursue his interests, his natural tools of learning are common domestic objects and playthings. For the child play is at one and the same time an overwhelming biological need, hard labour and never-ending delight. The main varieties of play in which he engages are usually described as activity (or motor) play, exploratory (or manipulative) play, imitative, and make-believe (or dramatic) play, and organized (or games-with-rules) play. All types of play have simple beginnings and progress to highly complicated forms. From about 18—21 months onwards there is no clear demarcation between the types of play, e.g. the make-believe play of a 3–4 year old may include a good deal of running and climbing, manipulation of objects real and imagined and be subject to accepted rules.

In previous papers (Sheridan 1963, 1964, 1966) I have defined my terminology and interpreted the results of my personal "free-field" observation regarding the normal development of auditory attention, interpersonal communication and the use of language symbols during infancy and early childhood. This paper is concerned with further investigations concerning the very young child's use of playthings in his acquisition of language (i.e. the employment of one or more codes of symbols) as an indication of his overall intellectual and social development. The work was undertaken in the hope of providing a paediatric screening test for pre-school children which would assist in the differential diagnosis of delayed and disordered language development and thus ensure earlier referral to an appropriate consultant for fuller investigation and treatment. This particular aspect of developmental paediatrics presents so many difficulties in the clinical examination and management of young non-co-operative handicapped children that it has remained practically unexplored. Relevant literature is non-existent. It was therefore necessary to evolve my own testing procedures from observations and deductions in unstructured everyday situations.

Previous Investigation

Many years' study of the development of hearing and spoken utterances in normal and handicapped babies and young children led me eventually to seek for signs of the earliest beginnings of their progressive storing-up of meaningful memories. This store of orderly memories derived from his everyday experiences of the people, objects, events and emotions in his small personal world forms the basis of every child's "inner language". At first his memoranda are few and simple and can be recalled (or reactivated) in situations similar to those originally noted, when the appropriate stimulus recurs. Soon, however, as the number and complexity of memories increase it becomes necessary for the child to categorize them, compress them and store them in some form of code to facilitate more efficient retrieval and cross-reference. Thenceforth communications with the self and with other people are conducted through the medium of this code. Incoming messages are referred to the inner-language repository for decoding (reception) and the repository is necessarily consulted in order to deliberate upon their meaning (interpretation) and then to encode outgoing messages in reply (expression). It follows that these communications in code can only be conducted with people using the same code. The most usual code is *verbal* (spoken, written, finger-spelt, or tapped-out in Morse) but symbolic representation can also be received and expressed in other forms of code, such as 2-dimensional *drawings* (including pictures, maps and diagrams), *mime* (improvised or systematized as in the sign-language of the deaf), *3-dimensional objects* (magnified or miniaturized) for manipulative convenience). Until the child possesses at least one of these codes his communications are restricted to crude gestures, and emotionally-charged but formless utterances, and are closely tied to the "here and now". He has no means of representing any person, object or activity which is not present in space or time, i.e., "not here and not now".

When I began my present enquiries in 1964 I had already reached a number of conclusions regarding the development of reception, interpretation and expression of spoken language (Sheridan 1963, 1964). Given functional, visual and auditory equipment, adequate cognitive and affective potential and normal opportunities for everyday domestic experience, *imitation usually* precedes the child's *comprehension* of the simple events which occur and recur in his small world. Comprehension, however, *must* precede spontaneous meaningful *recreation* of those events, i.e. appropriate *expression* in language or social behaviour.

Ability to communicate with the self, i.e. to think to recall past experiences, to relate them to the present, judging their significance in the light of intellect and the warmth of emotion, and then to plan the future, also depends upon one's individual "inner language", but this may be a highly sophisticated, abbreviated code designed for purely personal use. The self understands the self's ideas better than anyone else can. This probably accounts for the young child's addiction to self-talk, which is really thinking aloud, until he has learned how to keep his thoughts to himself—and why.

Interpersonal communication upon which personal happiness and social competence mainly depend, necessitates the more conventional use of a common code.

Following the realization that imitation usually precedes comprehension and comprehension must precede effective execution of any task further observation of children in natural settings gradually convinced me that they need to watch, listen and manipulate common objections of *ordinary size* in meaningful situations, and to imitate their use in connection with themselves before they can understand their use and apply them functionally first to other persons and then in make-believe play to their dolls. In other words, until they have passed through the stage of active self-directed definition-by-use they do not symbolize these functions in words, drawings or make-believe play (i.e. creative "pretend").

Speech may be parrot-like imitation of other people's utterances, but *spoken language* must be founded in verbal understanding. Similarly manipulation of real objects (e.g. cup, spoon, hairbrush, etc.) may be mere imitative play, but when, as usually happens about 12 months of age, it shows unmistakable "definition-by-use" it indicates comprehension. This early spontaneous play-of-comprehension with domestic objects is usually entirely self-centrated. Application of function to other people and larger dolls or pets appears some weeks or months later, but has usually appeared by 18 months. Transfer of similar "definition-by-use" play to miniature toys appears about 20 months and is usually well-established by 2 years. In my view this transfer indicates the child's ability to externalize his already comprehended experiences, i.e. to detach them from himself, and categorize them, with primitive realization not only of "me" or "not me", but also of space and time. Hence his employment of miniature toys gives useful information concerning his acquisition of "inner language", since he uses them as a symbolic code to express his under-

standing of the feelings about the world around him. Moreover *this occurs at a time before he is able to speak intelligibly or to draw recognizably.*

Testing Procedures

The problem of differential diagnosis in young non-speaking children from 18 months to 4 is one of the most difficult in paediatric practice. I had previously discovered the advantage of using standardized sets of domestic objects and miniature toys in testing vision and hearing in very young normal children and handicapped children of all types (Sheridan 1958, 1960). I therefore set out to devise similar testing procedures, using common objects and miniature toys representing various aspects of daily living, which might be used by children's doctors in out-patient clinics, nurseries and infant welfare centres, to provide information regarding the acquisition of "inner language" in normal children, and, if possible, to detect the existence, if not the cause of delay or failure in learning to talk.

It quickly became apparent that this approach had promising possibilities, but the selection of a standard set of common objects and miniature toys proved more difficult. As in my previous work, owing to the restricted experience of most handicapped children, I found it necessary to design my materials and procedures in reverse order from the usual methods, i.e. first with the handicapped and then with the normal instead of first establishing a "norm" with large groups of ordinary children, then comparing the performance of handicapped children with this "norm" in terms of percentage or "quotient". I did not seek a numerical quotient of any sort. My aim was to provide simple clinical paediatric procedures which the examining doctor could apply and assess under ordinary consulting room conditions. Only when I had discovered materials which could be dealt with by the majority of children in any selected handicapped group was it possible to find out how their performance compared with that of normal children. (Sheridan 1960, 1968).

The Testing Materials

It would be inappropriate in this brief paper to describe in detail the choice of objects, or procedure of application. After many trials, two tests were selected, a "common object" test and a miniature toy test.

The common objects test is applicable from 12 months and always employs a "life-size" cup and spoon, baby's brush and comb, small hand mirror and 3 very common toys, a ball (at least $1\frac{1}{2}$ inches in diameter) a doll (about 5–6 inches high) and a toy motor car (at least 4–5 inches long). Occasionally a toy ship or aeroplane and some wooden blocks are added. These are presented to the child one by one. His spontaneous reactions are noted, and whether his manipulations indicate that he comprehends the function of the object in hand. After this brief observation the child's ability to hand the correct object on request, to name it, or to show what it does, is tested.

The miniature toy test is applicable from about 21 months, occasionally earlier. It employs 20 toys, all under 2½ inches in length and some very tiny. They include two baby dolls, domestic animals (dog and cat) household objects (table, chair, bath, knife, fork, spoon, cups and saucers, milk jug and teapot) and transport (car, ship, plane). The cups, saucers and cars are in duplicate, but of different patterns, and of the two dolls, one is clothed and the other unclothed. Since, for my purpose, it is essential to eliminate the possibility of arousing complicating emotional reactions, only baby dolls are used and not those suggestive of family grouping.

The toys are also presented one by one, without any verbal instructions other than a friendly "Look at these", until the child's behaviour indicates the desirability of further encouragement, or questioning. First his vocabulary is noted. Next his ability to understand spoken instructions involving prepositions such as in, on, under, behind, in front of and between, is tested. Finally his ability to carry out a sequence of instructions and to invent and describe make-believe situations. If he is incapable of understanding spoken language his ability to comprehend mime or simple gestures is determined.

In the hands of an experienced clinical observer this test provides, in very short time, an enormous amount of information concerning the child's alertness, general understanding, hearing, speech language development, interpersonal relationships and social competence, and also the quality of his hand-eye co-ordination, manipulations, powers of concentration or distractability. The reactions of normal children and those with visual auditory or language difficulties, the mentally retarded and the socially deprived are quite different. The test is therefore exceedingly useful as a clinical paediatric tool although it requires considerable practice before its full potential becomes apparent. It is necessary to record results descriptively since they are difficult to evaluate quantitatively, but it has proved of considerable value in the preliminary differential diagnosis of language disorders and consequently in earlier referral to an appropriate consultant or assessment centre.

Related Investigations

Increasing sensitivity to the implication of this test has prompted me to study the very young child's spontaneous play with a doll's house, not only in relation to his language development but also to his concepts of space and time. Already certain well-defined phases have emerged, which appear to follow a recognizable serial pattern beginning with early fetching of a few unrelated objects singly to the mother, followed by assembly of a group of related objects on a table top or floor, i.e. outside the doll's house; then to meaningful assembly in one "room" inside the house; and finally to highly structured imaginative play for prolonged periods, using several rooms.

Another study of drawings of a house by preschool children is in progress.

Conclusions

In the course of these investigations, I have gradually realized the need, in those children who lack any of the codes of communication, for *trained imitation* with real-life objects, in actual everyday situations, in order eventually to evoke the spontaneous imitation which normally precedes comprehension of function, and which must occur before the handicapped child can be expected to build up even the simplest form of "inner language".

The importance of providing opportunities for continual experience through play with domestic objects, simple toys and later with more complicated playthings with which to invent make-believe persons and situations, cannot be overstressed. Disadvantaged and handicapped children in residential institutions of all kinds particularly mentally handicapped children in long-term hospital care, are particularly needy in this respect. Hence the desirability of caring for all young children, however heavily handicapped, in small, homely units where they can experience not only affectionate individual care, but also have daily contact with the sights, sounds, objects and bustling activities of everyday domestic life.

Summary

The development of "inner language" (i.e. codes of communication) in normal and handicapped children is reviewed. The importance of early imitation of function in play with everyday objects as a stage in language development, is stressed. Two simple clinical testing procedures for use with non-speaking young children are described.

The writer is in receipt of a grant from the Medical Research Council. Arrangements for the distribution of test material are being made with the National Foundation for Educational Research as an addition to the author's existing series of STYCAR tests.

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[This article was published in "Health Trends", April, 1969, and is reprinted with permission of H.M. Stationery Office.]

WHAT DOES A GERIATRIC DEPARTMENT DO?

by

Arnold J. Rosin, M.R.C.P.

Harry S. Truman had on his presidential desk a sign which read—"the buck stops here". To some extent the same can be said of a geriatric physician. The ultimate responsibility for the care of the aged sick rests with him. Whether his hospital accommodation or facilities are adequate or not, he cannot "pass the buck".

Perhaps it is this rather daunting possibility that repels aspiring internists and general physicians from the prospect of being a geriatric physician. This article and the following one will therefore discuss some of the implications of being a geriatric physician and describe something of the work done in the geriatric department at New Cross Hospital over the last five years.

The functions of a geriatric department are threefold:—

1. The establishment of a hospital-based geriatric service for its appropriate catchment area.
2. Education in health and illness of old age.
2. Research.

THE HOSPITAL GERIATRIC SERVICE

The first task of a geriatric physician is, as in any branch of medicine, to make a diagnosis. Old age is not a diagnosis, it is merely an indication of the possibility of multiple degenerative diseases. It is not enough to diagnose several pathologies—one must be able to estimate which of these is the current cause of disability. The causes of referral of many geriatric patients usually comprise physical and mental disability as well as social problems. The social needs of the elderly patient must be related by the physician to his clinical conditions and disability. He is responsible ultimately for directing the therapeutic and rehabilitation programme, but relies on the practical help of the physiotherapist, occupational therapist and the nursing staff for an overall picture of the patient's abilities.

It is with this background and aim that the physician sets about developing his hospital based service for the population.

DEVELOPMENT OF A GERIATRIC SERVICE

The function of a geriatric unit includes more than providing laboratory or X-ray facilities or a bed in which to lie. It must be accessible when emergencies occur due to medical or social breakdown. The unit should also act as a consultative source for geriatric problems in other hospitals and residential homes. Therefore turnover of beds which can be readily available for admissions constitutes a major task in running a geriatric department.

A previous paper (Old Folks in Hospital Beds—*Guy's Hospital Gazette*, 24.6.67) analysed the time on a waiting list for admissions during 1966 to New Cross. It showed that over 80 per cent of patients from home and 20 per cent of hospital transfers were admitted within one week of referral. Fourteen per cent waited for more than one month, about half of them from other hospitals. The table indicates the proportion of patients sent in by general practitioners and those transferred from hospitals and homes during 1968. The total number admitted to the geriatric unit during that year was 524, more than twice as many as five years ago. The numbers of deaths are those recorded during the year, and do not refer solely to the patients admitted. Death accounted for 37 per cent of all those leaving hospital during the year. This high figure, however, is only a little more than the average yearly mortality in the geriatric wards, e.g. 34 per cent in 1966. On the other hand, it has been shown previously that about 50 per cent of all admissions are discharged from the wards and only a minority become long-stay patients.

The difficulties of discharging and resettling old people out of hospital demand close links between the geriatric physician and community services, particularly with the general practitioner. Follow-up at home or at out-patients is important in many cases to avoid or anticipate recurring crises. Some units, including New Cross, have improved the liaison with the District Nursing service by the attachment to the geriatric department of district nurses from the local public health authority. Flexibility in admission and discharge arrangements can be increased by means of a Day Hospital, where clinical reviews as well as treatment can be undertaken. The organisation of a progressive patient care system for in-patients also concentrates the correct staff and facilities for those in need of them. Thus, the physician who at all times must be concerned with the clinical considerations of the patient, has also to act as a co-ordinator and as a team leader. He must also know which agencies or societies or Homes are available in his district which can serve to answer the many problems of disposal for long-term illness, convalescence, re-settlement or rehabilitation with which he will be faced. His overall assessment of individual problems of disability together with his knowledge of what facilities are available should enable him to advise correct placement of patients. He is also in a position to become aware of deficiencies in the available services and thus inevitably he becomes a Planner. Many geriatric physicians serve on committees for the organisation of regional homes, terminal care units, community centres ,and field projects run by old people's welfare committees.

EDUCATION

The educational function of a geriatric department is to give those working with old people a correct orientation to disease in the elderly.

Medical Education

At undergraduate level the basic disciplines of history taking, observation and clinical examination apply no less to old people. At

Guy's, fortnightly case conferences have been used in the medical wards as a means of discussing various problems relating to a specific patient's disability and social background. Education of the general practitioner is important, not only for what he may learn about geriatrics but also in keeping him in contact with the geriatric hospital. Clinical meetings have been held at New Cross every two months in which common problems of general practice and hospital illness affecting old people have been demonstrated. The increased appreciation of one another's problems makes for good relationships between the hospital staff and general practitioners when they are confronted with sick old people.

A number of postgraduate courses in geriatrics have been held at Guy's in the past two years. The influence of physiological ageing on various diseases is a fertile field for discussion, e.g., cerebral vascular disease, bone disorders, metabolic changes, etc. The more particular manifestations of illness in the elderly are also profitable educational material.

Nursing Education

Apart from teaching specific techniques of nursing applicable to old age, the geriatric physician should bring to his nurses a broad picture of how the clinical problem develops in an old person and why the outcome has been successful or not. An appreciation by a nurse of why she is carrying out a job which sometimes seems endless and repetitive goes a long way in helping her to do it with more conviction. At New Cross, weekly case conferences and discussions have been held between nurses and doctors, in order to allow communication of ideas as well as facts. I believe that this type of two-way teaching may help to break down unnecessary prejudice against geriatric nursing, and make the work more stimulating.

Teach-ins

Study days for nurses from a number of other hospitals have been held in New Cross every few months. Many geriatric units, including our own have educational sessions for social workers, and the flow of ideas through a case conference helps to increase mutual understanding between hospital and community workers.

RESEARCH IN THE GERIATRIC DEPARTMENT

Research in ageing can be directed along two streams. Gerontology is a study of ageing, that is, it is a biological science which is not necessarily confined to ageing phenomena in man. At the Gerontology Research Centre of the Baltimore City Hospital, for example, directed by Dr. Nathan Shock, much research is done on ageing changes in animal tissues, cellular changes and biochemical developments, as well as longitudinal study of a normal ageing population. In Britain much of the gerontological research work is reported at the periodic meetings of the British Society for Research in Ageing.

Geriatric research may take the form of epidemiological study of how disease presents, or clinical and experimental studies in the

illnesses of old age. Papers on these topics are presented in Britain at the British Geriatric Society meetings or at its regional associations.

In the past five years a number of geriatric research and development projects have been undertaken at New Cross and these will now be briefly outlined.

ALCOHOLISM IN OLD AGE

Alcoholism is a considerable problem in young and middle aged people, but little has been written about its presentation in the elderly. A study was made from New Cross Hospital of the patterns of drinking among a series of patients in whom excess drinking was partly or wholly responsible for their referral to hospital. In particular an enquiry was made into precipitating cause, and the consequences of excess drinking in old age. Thirty-six patients were seen over a number of years. The findings were compared with those of sixty-seven patients over the age of 65 who had been referred to a psychiatrist specialising in alcoholic problems.

In contrast to the commonly observed decline of alcohol intake in old age, it was found that excess drinking was either a continuation of established alcoholism from earlier years, or it was precipitated more recently by the stresses of age and environment. Social isolation, lack of food intake due to lack of money, or falls and physical deterioration were common factors. Females out-numbered males, in contrast to younger drinkers. Although alcoholism was sometimes obscured by concomitant disease, manipulation of the environment and added social support were often helpful in alleviating the problem. Awareness of the existence of alcoholism in old age makes it evident that it is not rare.

FALLS

Falling is a common cause of admission of old people to hospital. A study was made of the incidence, type and cause of falls which were directly responsible for hospital admisison in a 12-month period. Attention was paid to the type of fall, associated illness and neurological and skeletal impairment. It was found that the incidence was over 25 per cent of all admissions from home. In the majority, loss of balance due to neurological deficit was the cause. About 50 per cent had "drop attacks". In contrast to the classical drop attack many of these patients had associated confusion, but this sometimes remitted. Acute systemic disease such as an infection or a myocardial infarction was responsible for the fall in 16 per cent. Rehabilitation was successful in about half of the group who were able to be discharged but 25 per cent died from their admission illness within three months.

PATTERN OF ILLNESS

Most geriatric patients who leave this hospital are discharged within a month. We were interested in a group who were found to remain in hospital for periods ranging from three months to two years but who were eventually discharged. Over a period of three-and-a-half years this group formed seven per cent of all discharges. In an enquiry as to whether social or medical factors were responsible

for their retention in hospital, it emerged that more than half of the 75 patients were kept in hospital while their physical disability was still improving, and it was as a result of this improvement that they were enabled to go home. On the other hand one of the causes of prolonged stay in 25 per cent of the group was the lack of a vacancy in a Welfare Home for which they were waiting. More than half of the group returned to their own homes. Neurological disease was the commonest illness in 43 per cent, chiefly cerebral ischaemia. Assessment of mobility and independence showed a quantitatively significant improvement at the time of discharge. Follow up after one year revealed that 33 per cent had died. This figure is comparable with that of unselected geriatric patients from other series. Fifty per cent of those discharged were as well after a year as at the time of their leaving hospital. This series illustrated the need for patience and far-sighted planning in a geriatric team when assessing the slow recovery exhibited by some old people.

THYROID FUNCTION

In collaboration with Miss Farran and the New End Hospital Isotopes Laboratory, some work was completed at New Cross on the difficulties of interpretation of in vitro tests of thyroid function. The T.3 resin or red cell uptake tests are convenient screening tests as a rule, but many old people were found to have high results although by other criteria they were not hyperthyroid. Conditions in which high readings occurred included accidental hypothermia, infections, and the administrations of anabolic steroids.

XYLOSE TOLERANCE TESTS

The d-xylose excretion test is used as a screening procedure for malabsorption. It was noticed that many low results were obtained in geriatric patients without other evidence of malabsorption. A fuller study of this test was therefore carried out with the collaboration of Dr. Liddell and the Department of Clinical Chemistry. Under standard conditions of ingestion of a 5 gm dose it was evident that the output by catheterised patients at 2 hours, 5 hours and even 24 hours was abnormally low in many patients. The blood urea in every patient was normal. There was no correlation between normal and abnormal xylose excretion and the creatinine clearance. The wide range of blood levels of xylose after ingestion also suggested that for elderly patients this was not a reliable screening method for the assessment of intestinal absorption.

OSTEOMALACIA IN OLD AGE

The commonest bone disorder in old age is idiopathic senile osteoporosis, and although often causing no symptoms this condition is sometimes responsible for bone pain in old people, especially back pain. In the last few years, it has become apparent that osteomalacia in old people may not be rare. Since this condition is responsible for bone pain, and since it is readily treatable, it was decided to look particularly for the ways in which it might present. A prospective survey at New Cross Hospital for about two years revealed that

between 1½ and 2 per cent of all admissions were shown to have osteomalacia, confirmed by histological examination of a bone biopsy. A detailed study of 15 cases revealed that other chronic or acute diseases of old age may overshadow the presence of osteomalacia. For example, some of the patients were referred because of falls due to cerebral ischaemia, others came into hospital with pneumonia or cardiac failure. The chronicity of skeletal discomfort sometimes obscured the fact that genuine bone pain and tenderness were present. Difficulty in walking was one of the main complaints in 13 out of 15 patients. The main physical signs were tenderness on pressure of the ribs or femora and sometimes reactive muscle spasm on attempted passive movements of the joints. Six out of the 15 patients showed Looser's zones on X-ray. Serum phosphate was low, and the serum calcium usually low in most cases and the alkaline phosphatase was moderately raised. Iliac crest biopsy under local anaesthetic was well tolerated by elderly patients. Vitamin D often restored mobility as well as alleviating bone pain. One patient showed resistance to Vitamin D which on detailed investigation was attributed to mild but progressive renal insufficiency. Investigation of the causes of osteomalacia in these people showed that deficiency of Vitamin D was present in 6 out of 7 in whom detailed dietary studies could be obtained. Four of the 15 patients had a history of partial gastrectomy.

It was concluded that despite the role of malnutrition in the possible genesis of osteomalacia in old people the detection of the conditions may be difficult if the patient presents with other "geriatric complaints". The relief to the patient when treatment has been given makes the detection of osteomalacia a worthwhile exercise in the treatment of the elderly.

ART THERAPY IN GERIATRICS

Observations by Miss Poulden, the art therapist at New Cross, have shown the beneficial results achieved by apathetic or depressed elderly patients in a painting class. She has developed a technique which demonstrates how even disabled patients become motivated to create forms and colours with paint. Material has been collected showing progressive technical improvement by hemiplegics, partially demented patients, long stay arthritics and others. For example, the first attempts of a hemiplegic woman consisted of grotesque birds and poor designs, but after two years, she won a prize in a Borough art competition with an imaginative painting of common hazards in the home. The painting class has also underlined the benefits of group therapy.

AGE AND YOUTH

An interesting educational project which has been supported and effected by the Matron of New Cross, Miss Mortlock, has been the introduction of school children to the geriatric wards as part of the school curriculum of social education. A number of local schools were contacted and the mutual benefits were explained of bringing teenage boys and girls to the hospital to work for set periods each week under the supervision of a ward sister. Periodic meetings were

held between teachers, headmasters and headmistresses and our medical and nursing staff in order to evaluate the effects on children and patients. Although difficulties were encountered, advantages were noticed by hospital and school staffs. Simple ancillary para-nursing duties could be done by the children, and contact and interest were established at an individual level between children and patients. The work served as a discipline for the school children and in a few cases was more effective in curbing truculence and promoting constructive activity than other forms of school supervision. It also gave them an insight into problems of the deprived, and created a better social climate. Some of the girls were able to see nursing at first hand and to appreciate the role of group activities for geriatric in-patients.

Far from indicating a dislike for geriatric work this project aroused a great deal of interest among the children. The conclusion was reached that the practical presentation of geriatrics may fulfil an educational need in overcoming a common social prejudice.

THE WORK OF THE GERIATRIC PHYSICIAN

A doctor who specialises in geriatrics must have sensitivity and sympathy to old people. This does not mean that he should become emotionally involved in the often pathetic problems that he will see. Rather, as a clinician whose judgment should be objective, he should be cold to the problem but warm to the person. His scope must extend from careful bedside medicine to calculated therapeutic planning and to the fields of education and administration.

As the therapeutic facilities and community developments for old people improve, so the demands made on the geriatric physician increase. This brief survey may give some indication of the kind of challenge we might be expected to face. The recognition by the Royal Colleges of Physicians that geriatrics may be considered as a specialist subject is a reflection of the need for a certain amount of specialist training in the facts as well as attitudes of old age. Perhaps this alone emphasises the forward looking nature of geriatrics in Britain today.

SOURCE OF GERIATRIC UNIT ADMISSIONS IN 1968

Home.	Transfers.	
394	New Cross Hospital	13
	Guy's	39
	St. Olave's	23
	St. Thomas's Groups	16
	King's Group	7
	Other Hospitals	5
	Bermondsey Medical Mission Homes ...	22
	Other Welfare Homes	5
	TOTAL ...	130
Per cent 73%		27%

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OBITUARY

Dr. Walter Alwyn Gaunt, B.Sc., M.Sc., Ph.D.

The sudden death of Dr. Walter Alwyn Gaunt on 20th August of this year, distressed his many colleagues and friends in the Medical and Dental Schools, for although he had worked in the Dental Unit of the Department of Anatomy only since 1965, his scholarship and friendly wisdom had already earned much respect.

He came to this department as an Honorary Senior Lecturer under the aegis of the Medical Research Council, being a member of the Council's external scientific staff. He was then already established as an internationally recognised authority in the field of dental embryology and evolution, with a long list of substantial scientific papers to his name. Qualified as a teacher and research graduate in the Universities of Wales, London, and Manchester, he had served in an unusual variety of institutions, including schools, technical colleges and university departments (St. John Cass College, London Hospital Medical School, Guy's). As a biologist he had a breadth of knowledge and experience which made his willing assistance in the teaching of dental students and B.Sc. students in particular of such value that the lacuna left by his loss will never be completely filled.

He was a most meticulous worker in a peculiarly difficult field of research, and his technical ability was all the more valuable because of his readiness and ability to teach. He was an ideal man in the training of technicians, and those who were directly concerned in his work will long remember his critical standards, coupled with genial encouragement. His particular technical *forte* lay in the production of highly accurate reconstruction of microscopic structures—the teeth and jaws of embryos and foetuses. At his death he left the manuscript of a monograph on such techniques. It is pleasing to be able to report that this has now been accepted for publication. It will be the first book in its field and likely to be a classic. He was also co-author of "Advances in Dental Histology", with Dr. Richard ten Cate and Jeffrey Osborn, having worked with both as successive heads of the Dental Anatomy Unit.

The death of Alwyn Gaunt at such an early age (he was 51) must inevitably have come as a shock and great sadness to his wife and two sons. To them we extend, with his many other friends in this community, our deepest sympathy. We hope that they will be able to take a little comfort from the great esteem and affection which he had engendered amongst us in an all-too-short sojourn.

NOTICES

Guy's Hospital Society

Bournemouth and Wessex

The Annual Dinner of the Society will be held at the Norfolk Hotel, Bournemouth, on Friday, 21st November, at 8.15 p.m.

Members will be circularised. Any Graduate of the Hospital requiring details may obtain these from me.—P. J. Attenborough, 65, Wellington Road, Bournemouth.

Guy's Hospital Ladies' Association

May I, through the "Gazette", advertise our forthcoming Christmas Market, to be held in the Chapter House, St. Thomas' Street, on 28th November, from 11 a.m. to 4 p.m.

We are raffling a brand-new Mini Car, taxed and licensed, ready for the road, limited to 1,100 tickets at £1 each. Call, write or ring Ladies' Association, Hop. 7600, Ext. 098.

STALLS AND STALLHOLDERS

Groceries and Home-made Produce.—Sister Randles and Nursing Staff.
Clothes—good as new.—Lady Goodhart.
Jewellery.—Mrs. Siddall.
White Elephant.—Mrs. Blaikley and Mrs. Gibberd.
Tombola.—Mrs. Franks and Mrs. Tomkinson.
Christmas Gifts, Cards, Decoration and Toys.—Mrs. Clarkson and Mrs. Campbell.
Kitchen Boutique.—Mrs. Mann.
Bath and Beauty Preparations.—Mrs. Mackenzie.

Please help us by contributing to any of these stalls and by coming to the Market on 28th November to do your Christmas shopping.
Refreshments served all day.

Mrs. SALMON, *Hon. Secretary.*

Junior Staff Committee

The Annual Meeting of the Junior Staff of the Medical and Dental Schools was held on Tuesday, 7th October, 1969, at which the following representatives were elected to serve on the Junior Staff Committee :—

W. J. Appleyard, P. Ayling, I. A. Baker, L. H. Bannister, W. H. Binnie, S. A. R. Cooke (from 1/1/70), I. G. Crossman, A. E. Davies, J. E. Davies, J. E. Dussek, T. H. Grenby, B. H. Hicks, S. McHardy-Young, P. G. Ransley (up to 31/12/69), B. A. Ross, F. A. W. Schweitzer, G. J. A. I. Snodgrass, A. R. Tammar, C. F. P. Wharton.

At a meeting of the Junior Staff Committee held immediately following the Junior Staff Meeting, the following officers were elected:—

Chairman: Dr. S. McHardy-Young; Secretary: Dr. B. H. Hicks.

A full list of the powers and functions of the Junior Staff Committee is circulated to all the Junior Staff annually, but members are reminded particularly of the following:—

"The Junior Staff may consider and make recommendations to the School or Dental Council on any matters relating to courses of study and the provision of teaching and facilities for research and any other matters of interest to the School."

"The frequency, time and place of meeting of the Junior Staff Committee shall be determined by that Committee. Meetings of the Committee shall be convened by the Secretary."

Any member of the Junior Staff wishing to raise points for discussion is asked to communicate with the Secretary.

Guy's Hospital Christian Union
Autumn House Party

The Autumn house party is to be held at Sunbury Court, Sunbury-on-Thames, from 14th—16th November, 1969. The speaker will be Major W. F. Batt, M.B.E., J.P., D.L., and anyone from the hospital will be made most welcome for the whole or part of the week-end.

Application forms are available, on request, from: B. M. W. Bailey, East Wing, Guy's Hospital, S.E.1.

PRIZE ESSAY—£25
Donated by Dr. H. Windsley

Essays on the following subject are invited from Guy's medical students who are undergraduates of the University of London :—

"The Medical School's responsibilities for promoting the Medical student's interest in preventive aspects of medicine."

The closing date is 1st December, 1969, and entries should be sent to the Dean.

GUY'S HOSPITAL CHRISTIAN DISCUSSION GROUP

We would like, once again, to present our programme for the coming term and to extend a warm invitation to all members of the Hospital and Medical School community. Our membership already includes a broad cross-section of occupations with doctors, secretaries, technicians, administrative and domestic staff, lecturers and students; all are very welcome, whether persuaded of Christianity or not.

Our programme is as follows:—

TUESDAYS

Nov. 4.—Dr. De Cartaret, Student Medical Officer, St. Bartholomew's Hospital: "Well, if this is Christian Fellowship . . . !"

,, 15.—Mr. Farrant Russel, Surgeon: "But this book is in a class of its own—God wrote it."

Dec. 2.—Rev. Thomson, Vicar of Shoreditch: "Hospitals are for the sick; but what's the Church for?"

On alternate Tuesdays, from 30th September to 9th December inclusive, there will be Discussion Meetings using the Book of Psalms as a vehicle for discussion, led by Dr. L. Bannister, Biology Department.

The main meetings are from 1.0—1.45 p.m., with coffee and sandwiches served from 12.45 p.m. Discussion Meetings are from 1.0—1.45 p.m. The venue for all meetings is Classroom 1A, Medical School.

Mr. E. SMITH, Hon. Secretary.

NURSING SECTION

Many people have met Pupil Nurses—those training for State Enrolment—working in the Guy's Group of Hospitals. At the moment the girls are wearing pale green dresses and the boys have green epaulettes. When they are trained, the girls wear dark green dresses, and the boys change to dark green epaulettes. This has added a further uniform to the mauve of the Guy's nurses, trained and training, the grey of the St. Olave's student nurses and the yellow of the Auxillary nurses.

Who are these pupil nurses? How are they trained and what do they do? The Guy's Group is fortunate in that it has a ready-made Enrolled Nurse Training School at New Cross and does not have to start from scratch. In these days of nursing shortage, increased demands for the Register and the far-off glimmerings of Platt, the future care of our patients is very much in the hands of the Enrolled Nurse.

There has been a training School for Enrolment at New Cross since 1952. Three nurses entered a one-year training, worked a further year under supervision and achieved State Enrolment. In 1964 the General Nursing Council laid down a new and greatly improved syllabus for their training, and carefully stated what types of nursing must be undertaken through two years. Our pupils are between eighteen and fifty years, some of our best and most reliable nurses

are in the mid-forties with grown-up families. They have varying educational backgrounds, in this country and overseas, but they are all interviewed by the Matron and Tutor and have to pass a simple educational test in written and spoken English and simple mathematics. Some of our pupils left school at fifteen years without great scholastic achievement, some at eighteen years with several "O" levels, but all have a desire to nurse.

We aim to take twelve pupils four times annually, February, May, August and November. Recruitment is good, but could still improve, and about half the candidates who apply are accepted for training. In a five-week Introductory Course they are taught basic nursing and elementary Human Biology, both in the wards and classrooms to fit them for life as junior nurses. Emphasis is on the practical rather than the theoretical, but they do not accept the "how" without knowing "why". They are assessed carefully in the wards and the classroom and fitted into a planned training to complete two years. Types of nursing that must be undertaken are Medical—at New Cross; Geriatric—at New Cross; Surgical—at Guy's and St. Olave's; Paediatrics—at the Evelina and Departmental—Out-patients and Theatres at New Cross and the Evelina. They also staff the orthopaedic and rehabilitation wards at New Cross. They are released from their wards for one full day per fortnight when they learn theory and practice. They receive simple lectures from the medical staff to fit in with their nursing and spend time with the staff of the Rehabilitation Department and a day with the Southwark Home Nurses.

The General Nursing Council arranges for their Assessment at the completion of at least eighteen months' training. This consists of a written paper and an hour's practical nursing in the wards in which they are working. This is difficult to arrange, but what better way of assessing the capabilities of a good practical nurse? On completion of two years' training and success in the Assessment, they apply to the General Nursing Council for State Enrolment.

The enrolled nurse is an excellent, stable, practical nurse, able to carry out all nursing duties for which she is trained, understanding her job and knowing when to seek further advice. She is not trained in ward management and organisation and does not normally take charge of a ward or department, although may do so in the absence of a Registered Nurse. They are greatly in demand in all branches of hospital nursing, and many courses are arranged throughout the country for their further training in special types of nursing from Intensive Care to Domiciliary Nursing. A small reduction in training is given to nurses with the required educational background should they wish to qualify as State Certified Midwives or State Registered Nurses.

In England and Wales in 1963/4, 5,893 pupil nurses commenced their training. In 1967/8 this figure had risen to 11,756. This number is reflected in the numbers of Enrolled Nurses emerging from the Guy's Enrolled Nurse Training School.

Plans are being made for the future. We hope that we may be able to bring all nurses in training into a single Educational Department and dress them in the same uniform with perhaps a different type of cap. This does not mean they will be taught in the same classes. Students and pupils require different types of training and a different level of knowledge, but we hope that the number of Enrolled nurses will greatly increase. The present staff of the Guy's Enrolled Nurse Training School consists of one Tutor and two pupil nurse teachers, one of whom works as a clinical teacher, but their training is mostly in the hands of the Ward Sisters and staff nurses of the Guy's Group of Hospitals, to whom we extend our thanks. The teaching of pupil nurses is a rewarding occupation. They are keen, interested and hard-working and appreciative of all efforts made to help them in their chosen career in nursing.

J. K. JARVIS.

CORRESPONDENCE

Hypercholesterolaemia

SIR,—The author of this article is confused about the dietary treatment of hypercholesterolemia. Dietary carbohydrate plays little, if any, part in the causation of hypercholesterolemia, so it is, therefore, unnecessary to advise a liberal carbohydrate diet before taking a blood sample for cholesterol estimation.[1] The widely accepted diet for lowering the serum cholesterol level is to reduce the total fat intake, and of the fat eaten, most should be from vegetable sources (largely polyunsaturated) and minimal amounts only as animal fat (mainly saturated) [2 3]. The amount of cholesterol in the diet should also be reduced, and this means removing eggs and meat, dairy products, shellfish and fatty meats from the diet.[4]

The author seems to include hypertriglyceridemia under the heading of "hypercholesterolemia". In fact, the triglyceride can be raised per se or can be raised to a much greater extent than the cholesterol.[5] Under these circumstances it is highly likely that the hypertriglyceridemia is carbohydrate-induced,[6] and therefore treatment consists of restricting the carbohydrate in the diet to 120/150 g/day with fat as the main source of calories.

On the diet recommended by Dr. Schless, the patient is more likely to suffer from malnutrition than of one of the complications of untreated raised serum lipids. It is accepted that weight reduction alone is, in many cases, very effective in lowering serum lipids[5], but when the desirable weight is reached it should be maintained.

Yours, etc.,

IAN MACDONALD.

Physiology Department,
Guy's Hospital Medical School,
London, S.E.1.

REFERENCES:

(1) Grande, F. (1967) Dietary carbohydrates and serum cholesterol. *Am. J. Clin. Nutr.* **20**, 176.

(2) American Heart Association. Public release 1964.

(3) Medical Boards of Scandinavian countries. Public release 1968.

(4) Levy, R. I. and Fredrickson, D. S. (1968). Diagnoses and management of hyperlipoproteinemia. *Am. J. Cardiol.* **22**, 576.

(5) Fredrickson, D. S., Levy, R. I., and Lees, R. S. (1967). Fat transport in lipoproteins—an integrated approach to mechanisms and disorders. *New Eng. J. Med.* **276**, 32.

(6) Ahrens, E. H., Hirsch, S., Oettle, K., Farquhar, J. W., and Stein, Y. (1961). Carbohydrate-induced and fat-induced lipemia. *Trans. Assoc. Am. Physicians* **74**, 134.

68 Club Dinner

SIR,—I would like to remind all members of the 68 Club that this year's Annual Dinner will be held at St. Stephen's Restaurant, Bridge Street, S.W.1, on Friday, 7th November. If any member has not received an invitation, would he or she please contact me as soon as possible.

Yours, etc.,

DR. A. A. G. THOMSON.

42, Durham Avenue,
Bromley, Kent.

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Dr. Peter Bishop

SIR,—I would like to add to the appreciations of Dr. Peter Bishop's work at Guy's which appeared in your last two issues of the *Gazette,* 13th September and 27th September, 1969.

At the outbreak of war in 1939, Guy's Hospital became the Medical and Surgical Pivot of Sector X in the Emergency Medical Service. Professor T. B. Johnston, Mr. B. Lees Reed and I, as the three senior executive officers of the Hospital, moved down to Boundary House, Orpington, which became the H.Q. of Sector X.

The management of day-to-day affairs at Guy's devolved upon Dr. Bishop, who was created Deputy Superintendent, and Miss Florence Wittrick was appointed by the House Committee as deputy Matron of the Hospital. Their unremitting attention to the daily complications and nightly crises at Guy's were above all praise. Dr. Bishop, with Miss Wittrick's help, was never at a loss to encourage the depleted staff, medical, nursing, administrative, Works Department, and the numerous odd supernumeraries to improve, to improvise and meet all the calls that came. The happy relationship that prevailed between us all deserves to be recorded. Theirs was a great partnership.

Yours, etc.,

E. P. MACMANUS.

Terry Lodge,
Terrydawn, Bottenaun,
Ballina, Co. Mayo.

Wedding Thanks

SIR,—I should like to thank all my friends at Guy's for their magnificent wedding present of a stainless steel carving dish, and some brightly coloured cushions. I look forward to using them all.

I should also like to extend my thanks to all those whose kindness made my years in the Wills Library very happy ones. I miss Guy's very much, and I shall always remember it.

I hope to be able to come back on a visit some time in the near future, and I look forward to seeing all my friends there once again. With very best wishes to everyone.

Yours, etc.,

ROSALYN H. MARSH (née Mansell).

25, Llanishen St.,
Cathays,
Cardiff.

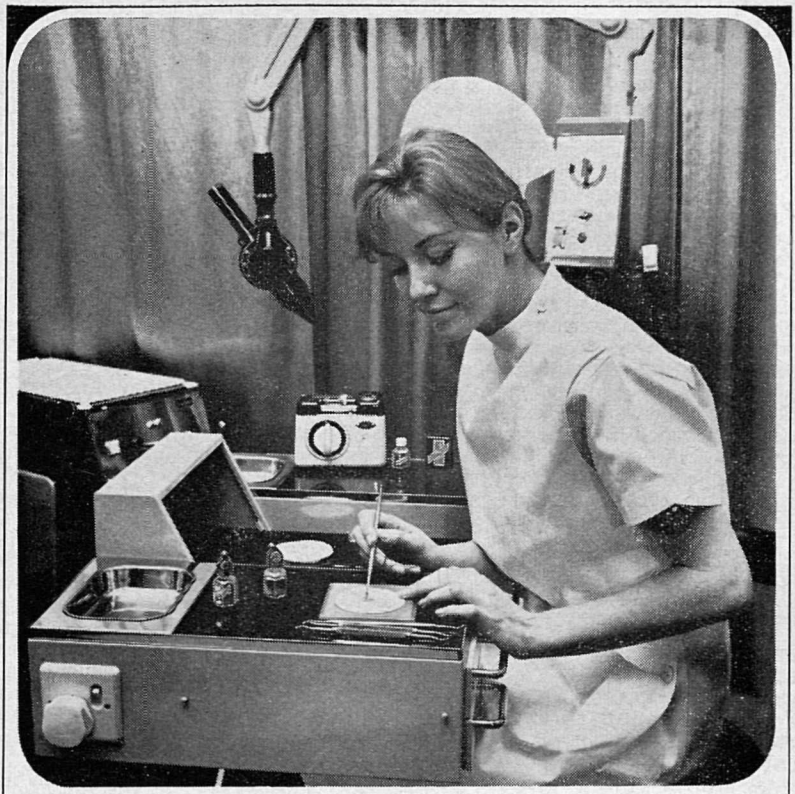
Why do they ?

SIR,—May I beg the courtesy of your columns in an attempt to solve a problem which is greatly puzzling me. It has been the custom for untold years for secretaries of sports clubs to pin lists of teams to their respective club notice boards, with a request that the gentlemen so selected should place either a tick or a "v.s." against their names. In recent years it has become increasingly prevalent for this request to be ignored, thus putting the secretaries to a great deal of unnecessary work as they then have to contact the defaulters to find out whether or not they are available for the game. Recently, however, an even more alarming trend has started. In this, people tick off early in the week and then fail to turn up on the day, thus ruining the game for all the other members of both teams. If this fashion continues, I fear that many people, through the fault of their less socially minded "friends" will not get games, as one can rest assured that one's opponents will not continue to play a club which cannot field complete sides. I, personally, find this extremely anti-social behaviour incredible, and I wonder if any of your readers can enlighten me as to why these people act in the way they do.

Yours, etc.,

R. K. F. CLARK.

East Wing,
Guy's Hospital,
London, S.E.1.



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SPORT

SPORTS COMMENT

Each week presents a strange spectacle of the officials of Guy's 1st XV conscientiously avoiding to write any comment on their last few games. As there seem to be few neutral observers at these away matches, there has been only the scantiest of information to work on. Is this lack of reporting due to some feeling of shame within this, the oldest rugby club? It is true these games haven't produced marvellous results, but they do come at a time of great change. This happens in every club when the older well-tried players due to increasing commitments give way to younger untried ones. Hospital rugby clubs always have had to play younger players because of the restriction to members of the hospital. Surely at such a time it is necessary to explain the situation, and give as much encouragement to new players as is possible. What is needed are reports which contain accounts of great individual effort where determination and guts played a great part. Also no harm could come from mentioning the large numbers of players who are training twice a week at the present. Such individual effort should not be minimised.

A sense of great confusion has swept the junior Rugby teams as a result of the cloak and dagger fashion in which the first two XV's have been selected. It seems selection is kept a secret until Thursday and Friday after the junior sides have been put up. As both 1st and 2nd XV's always include a number of junior players, the third teams are deciminated as their players, after witnessing the removal of their best players, lose confidence in the ability of Guy's to turn out their teams. Other players in a matter of a few weeks go from the 2nd XV to no game at all as they had been forgotten at selection. The essential lack of communication within the club surely cannot be tolerated long. The club, whatever its aspirations, has a responsibility towards all its players, be they in the 7th or the 1st XV. All people play a part within the club even if their ambitions are set simply on a good run out on Saturday afternoon, followed by an ale or two. It must be remembered that from such humble origins, many of last year's 1st XV arose, mainly because they had stable junior teams and keen captains, of whom Ken Eaton was a prime example. It is to such players as Ken that Guy's rugby club is indebted as much as to the 1st XV players. It is to be hoped that in future the whole club is considered even at the cost of losing some of the 1st XV games.

The Boat Club, now in its 125th year, is only one year younger than the Rugby Club, and by no means less successful. It, too, has in the last year, undergone a period of great change as a result of the loss of some outstanding oarsmen. However, it has not discouraged the part-time crews; indeed, in many ways it has gone out of its way to encourage such people to row more seriously. In fact, many a pleasant afternoon has been spent rowing on the Thames by the most unlikely of crews. This is obviously a club who values a wealth of members.

SWIMMING

In the annual London Physiotherapy Schools' Swimming Gala, Guy's were represented by W. Gibson, A. Templeman, S. Semple, J. Handley, S. Thorne and M. Farr, and tied with St. Thomas' Hospital for third place. The London Hospital won the competition.

Guy's were placed in the events as follows:—Breaststroke, 1st; Backstroke, 4th; Medley Relay, 4th; Free Style Relay, 4th; Diving, 2nd.

WATER POLO

Saturday, 4th October. Four cornered match.
v. London Hospital lost 4—0.
v. St. Mary's Hospital, lost 5—1.
v. Weymouth lost 4—2.

For this evening, both the London and Mary's had brought several good players into their sides who will not be eligible to play in the U.H. league this winter. Despite this fact, it was noticeable in all three games that we were not coming back into defence quickly enough, and that the opposing forwards were given far too much room to take time with their shots. It was not surprising that Howard was overworked.

Challacombe made several good shots in the first two games, and in the shallow end against the London it seemed that he had scored. It was not until the second half against Mary's that Adkins produced the first goal, by placing the ball between the goalkeepers outstretched arms.

More co-ordination crept into the game against Weymouth, and despite being subjected to constant pressure, Northcott made space for himself and took a good pass to score from four yards out. Challacombe scored in the second half to make the final score 4—2 against.

Team:—Howard, Challacombe, Nothcott, Adkins, Howell, Wright, Bevis.

J.A.B

WINTER SPORTS FIXTURES

RUGBY

OCTOBER

First Fifteen

25 Oxford (Oxford).

NOVEMBER

1 Old Blues (H.O.P.).
8 Bedford (Bedford).
15 Old Alleynians (Dulwich).
22 Cheltenham (Cheltenham).
29 *Sidcup* (H.O.P.)

DECEMBER

6 Streatham-Croydon (Thornton Heath).
13 Old Cranleighians (Thames Ditton).
20 Esher (10.30 a.m.) (H.O.P.).
England v. South Africa (Twickenham).

ASSOCIATION FOOTBALL

OCTOBER

First Eleven

Sat.	25	U.L. Cup Prelim. Round—Birkbeck College	A
Wed.	29*	University College Hospital	A

NOVEMBER

Sat.	1	Old Reigatians	H
Wed.	5*	Westminster Hospital ..	H
Sat.	8*	St. Bart's Hospital ..	A
Wed.	12*	Charing Cross Hospital ..	A
Sat.	15*	Middlesex Hospital ..	H
Wed.	19*	Royal Dental Hospital ..	A
Sat.	22*	London Hospital	H
Wed.	26*	King's College Hospital	H
Sat.	29	U.L. Cup Round 1	

DECEMBER

Wed.	3*	St. George's Hospital ..	A
Sat.	6	U.H. Cup Round 2 ..	H
Wed.	10		
Sat.	13		

*denotes Hospitals League Match

HOCKEY

OCTOBER

First Eleven

25	H.A.C.		A

NOVEMBER

1	Kingston G.S.		H
8	Wimbledon 2nd XI		A
15	Gravesend		H
22	Surbiton 2nd XI		A
29	Merton		A

DECEMBER

6	Bexleyheath		H
13	South Essex		H

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited from registered dental practitioners for the appointment of **Registrar** in the Department of Conservative Dental *Surgery with attendance on 6 or 3 sessions per* week and duties commencing as soon as possible. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Monday, 3rd November, 1969.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the appointment of **Senior Lecturer/Lecturer** (Full-Time) in Orthodontics in the Dental Department for Children with duties to commence 1st January, 1970 or as soon as possible thereafter. Salary scales: Senior Lecturer—within the range of £2,795 to £3,670: Lecturer—within the range of £1,885 to £3,020, both with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Monday, 17th November, 1969.**

PRIZE LIST

Award of Cazenove Medals for the Year 1969

Nurse V. Binsted—Gold Medal.
Nurse M. McPhail—Silver Medal.
Nurse P. E. Mordue—Bronze Medal.

PERSONAL

LOCK UP dental practice for disposal by Guy's man, City area. Room for second surgery. Full-time technician 5 day week. Telephone 01-638 8219 daytime or Box 5/10.

HASTINGS—Young Associate/Assistant required with or without view, by 3 Guy's men in congenial long-established expanding 5-man practice. Excellent surgery, chair-side assistant, secretary and reception, own Lab. Scope for all branches of dentistry. Generous remuneration. Excellent flat available above surgeries on sea front. Box 2/10.

MIXED GUY'S PARTY: (Entered approx. 1961 vintage)—going to St. Anton on 31st January,1970 for two weeks skiing. Further details from:— Mr. Saunders, Baxter Hoare and Co. Ltd. 145, Borough High Street, London, S.E.1. Tel: Hop 4455, ext. 136.

CHANGES OF ADDRESS

Mr. and Mrs. J. B. Blaikley, 8, Tollgate Drive, College Road, Dulwich, S.E.21. Tel: *01-693 7901* and *Professional*; Mr. J. B. Blaikley, Keats House, Guy's Hospital, St. Thomas' Street, S.E.1. Tel: 01-407 3351.

Dr. T. B. Brewin, 14 Colquhoun Drive, Bearsden, Glasgow.

Mr. and Mrs. N. J. Barwell, 223 Broad Walk, Blackheath, London, S.E.3. Tel: 856 0063.

Dr. Helen Hale, Garden Flat, 40 The Gardens, London, S.E.22. Tel: 01-693 2943.

Dr. Mary Fortnam, Children's Hospital, Sydenham, S.E.26.

Dr. David Harvey has moved to 5, Samels Court, Upper Mall, London, W.6. Tel: 01-748 7900.

Adrian N. Henry, Esq., M.Ch., F.R.C.S., "Little Cacketts", Brasted Chart, Nr. Westerham, Kent.

Surg-Lt., (D) D. M. Higgs, B.D.S., R.N., I.T.C. Royal Marines, Lympstone, Exmouth, Devon.

Dr. A. M. Kingon, Gatcombe, Winscombe, Somerset.

Dr. J. A. J. MacLeod, Flat 5, Highwood House, 148 New Cavendish Street, London, W.1.

A. N. Pollock, Esq., L.D.S., R.C.S., Mostyn Lodge, 17 Mostyn Road, Merton Park, London, S.W.19.

BIRTHS

TOMLINSON—On 31st August to John and Pat (née Lane) a daughter, Jessica Clare, a sister for Charlotte, David and James.

SCHWARTZ—On 4th August, 1969, to Robert and Veronica (née Loadsby) Schwartz, a daughter Cheryl Ann.

ENGAGEMENT

SPENCER—FORTNAM—The engagement is announced between John Derek Spencer, M.B.B.S., and Mary Elizabeth Fortnam, M.B.B.S.

MARRIAGE

BRADLEY—PRESCOTT—On 27th September, 1969 quietly at Charlton Church, Dover, Eric Bradley of Kingston, Nr. Canterbury to May Prescott of Dover.

DEATH

TAYLOR—On 16th September, 1969, suddenly in hospital, Arnold Gibbs Taylor, L.D.S., R.C.S. Eng., of 130, Goring Road, Worthing, Sussex, aged 64.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and R. S. TROMPETER
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT Miss M. FABLING

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2121

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Dr. Baker

M.P. writes for all those who knew Charles Baker when he writes of a life spent "in service to others". The staff of the *Gazette* especially will miss his wisdom, charm and cheerfulness. He was for many years censor of the *Gazette*, performing a difficult task with tact and wisdom, before becoming Chairman of the Gazette Committee in 1967. As Chairman he gently guided the *Gazette* through a difficult period, and helped it emerge a financially stable entity.

Dr. Baker was much more than a Physician to Guy's Hospital, he was also an enthusiastic supporter of many extra-curricula activities in the Hospital. The Hospital is richer for Dr. Baker's many contributions and his death leaves a great emptiness which we owe it to him to fill to the very best of our several abilities.

The G.M.C.

It takes a pretty blatant injustice to stir up the Junior Staff of the Hospital and prick them into activity. The provisions outlined in the new Medical Bill have done just this. The fact that a large proportion of the staff even know about these measures is a fair measure of the feeling in the Hospital. The loss of freedom and professional independence entailed by the suggested changes will be carefully scrutinised and, if changes are found to be needed in them, they will be pursued to the limit of such powers as can ethically be used.

Is it to this we turn ?

Once in a while one is forced to give in to a feeling of utter discouragement and disenchantment while reading, viewing or listening to the mass media of communication. Not so many years ago we were confronted with the effects of "thalidomide" and today

we are informed about the dangers of "cyclamates". Not so many months ago we were apprehensive about the possibility of a typhoid epidemic, today the scare is rabies.

The mere mention of drugs or medicines is enough to stir people's emotions to the extent that rationality and logic are easily dispensed with, replaced by a great deal of tub-thumping from all sections of the community. Similarly the volume of publicity given to, and the grave concern expressed over the extermination of a large proportion of the wild life in the Camberley area over which the rabid dog ran, seems out of proportion to the problem in hand.

The use of cyclamates, as an additive to certain foods and drink, has been banned on the basis of experimental evidence which does not appear altogether convincing. Pre-cancerous cell changes may have been produced in rats by doses of cyclamates equivalent to an unreasonably large daily human consumption. Meanwhile the sale of cigarettes, which are known to kill, continues without even attaching a warning to the packet.

On an equally depressing note are the multitudes suffering from the protein-deficiency disease kwashiorkor. Familiarly known as the Biafra disease, it is the perfect result of man's unceasing war against his fellow, whether on battlefields in Africa, or poverty-stricken pampas of Latin America. Apparently our concern for this man-produced disease is limited to those intervals when "sensational" news is lacking.

Richard Bright and Hungary

Due to an indisposition, the official unveiling of the plaque to Richard Bright, by the Hungarian Charge d'Affaires has been postponed. However, the appearance of a bilingual memorial tablet outside Bright ward, in Hunt's House, cannot and indeed must not go unnoticed.

The personality of Richard Bright, as an illustrious member of the British medical profession, and of Guy's Hospital, is as well known in Hungary as in England. This is especially so in the territory of the County of Veszprem. This connection originated in 1814, when Bright, the young graduate, set out to tour Europe. During his tour he visited Hungary, and the area of Lake Balaton several times. On his return to England he published an account of his travels in Hungary with particular reference to the Lake Balaton area. He thus became one of the earliest pioneers in the scientific survey and description of Lake Balaton. A further connection between this personality and Hungary, was as a member of the Royal Geographical Society, when he read a scientific work entitled "The Geology of Szigliget and Badascony". The latter are noted extinct volcanoes in the area of Lake Balaton.

In 1962 a memorial tablet to Bright was unveiled in Hungary and it was envisaged that a similar tablet be erected in the confines of Guy's. We hope that the official unveiling of our plaque will be in the not-too-distant future, thus maintaining the connection between our two countries.

The Festival of the Nine Lessons and Carols, Tuesday, 9th December, 1969, 7.30 p.m.

In previous years there have been two similar Services, one in early December organised by the Chaplain and the Christian Union for students, physiotherapists and other members of Staff who would not be in the Hospital at Christmas; and later in December a second Service for Staff on duty over Christmas, former Guy's Staff and patients, voluntary workers, and friends and relatives.

This year these Services are being combined and the Festival of the Nine Lessons and Carols will be held in Chapel on Tuesday, 9th December, at 7.30 p.m. This will give an opportunity for the whole Hospital, and for all who wish to come, to join together in a united act of worship to set the pattern and mood for the Christmas celebrations, by putting the baby Jesus at the centre of our rejoicing from the beginning of this joyful season.

The Chaplain will conduct the Service; lessons will be read by representatives of our varied Hospital community; our Chapel organist, Mr. Crossman, will accompany the Choir under the direction of Nigel Winter; and the strings of the Musica Medica Orchestra will play for us and further enrich the music and singing.

S.E. Metropolitan R.H.B.

We offer our congratulations to Dr. K. R. D. Porter, M.B.E., M.R.C.P., on his appointment as Senior Administrative Medical Officer to the South East Metropolitan Regional Hospital Board. He succeeds Dr. J. S. S. Fairley.

GUY'S DIARY

NOVEMBER

13	Th.	1.00	Clinical Lecture. Professor POLANI. "Mammalian Meiosis—Facts and Fancy."
14	F.	1.00	Clinical Lecture. Professor TROUNCE. "Adverse Effects from Prolonged Use of Drugs."
		2.15	Combined Round in Pre-Clinical Classroom. Chairman: Dr. BURRY.
20	Th.	1.00	Clinical Lecture. Dr. JOINER. "Basal Ganglia (1) Some Common Diseases."
		5.00	Clinico-Pathological Conference in Clinical Theatre. Extra-Uterine Pregnancy and Endometrial Carcinoma.
21	F.	1.00	Clinical Lecture. Dr. CHAMBERLAIN. "Heart/Lung By-Pass."
		2.15	Combined Round in Pre-Clinical Classroom. Chairman: Mr. LAWRIE.

OBITUARY

Dr. Charles Baker, O.B.E., M.D., F.R.C.P.

Charles Baker was born in Kent in 1907, but his father having retired from the Army and become Bursar at Eton College, much of his early life was divided between the Thames Valley, which he knew so well, and Christ's Hospital, whence he arrived at Guy's with a scholarship in 1925, to study dental surgery and for the Conjoint Diploma. He was, until his very last years, a man so absorbedly interested in the present that he tended to look little to the future, and said with Horace: *Carpe diem, quam minimum credula postero.* Having qualified L.D.S. in 1930, he decided that he was manually maladroit and more suited to medicine, which he also felt to be more arcane and less humdrum, but since it did not occur to him that he might reach the highest flights, he contented himself with the Conjoint Diploma, which he gained in 1932. An exceptionally successful completion of house appointments led him to think of higher degrees, some of the preliminary examinations for which he had not taken. He was delighted when negotiations with the University for exemption from these, though unsuccessful, led to the existence of a large dossier called "The Baker Case", which he felt was his first fame. While going back to do the necessary studies, he worked as a demonstrator in physiology and pharmacology until he gained the M.B., B.S., in 1935. He then became Medical Registrar and Assistant to the Clinical Research Fellow, while gaining the Membership in 1936 and M.D. in 1937.

During this time his personal qualities, a natural goodness, an abounding cheerfulness, a capacity for high enjoyment and for finding fun in almost everything, coupled with his professional skill and width of interests, made him a foremost figure of his generation. He had been a keen cricketer when time allowed (was later a member of the M.C.C. and of Surrey, made 75 runs in his last match in his fifties, and rarely missed a Test match in London), and represented the Hospital at Squash Racquets for several years.

But there was a dearth of prospects at Guy's, and, with a wistful look-back to the Alma Mater of which he was ever proud, he went to cheer up Birmingham as Physician to Selly Oak Hospital in 1938. He soon adapted to municipal medicine, but in the early days was surprised when, having been asked by a Ward Sister to specify what he meant by a fruit diet and having specified passion-fruit, pawpaws, avocados and such others as occurred to a fertile mind, the bureaucratic machine faithfully delivered these some months later.

With the outbreak of war, he joined the R.A.M.C., and served throughout with the 11th General Hospital in France, Madagascar, the Middle East and Italy, as Medical Specialist and Officer in Charge of its Medical Division. He held the rank of Lieutenant-Colonel and was awarded the O.B.E. for military services.

His post-war return to Selly Oak was brief, for, vacancies having occurred, he applied for and was appointed to a post of Assistant Physician on the Guy's Staff in 1946. There followed a happy and successful twenty-three years. He at once became Warden of the College and remained so until he died, dealing with wayward residents amicably but firmly, and ever ready hospitably to help and to advise. Coincidently, he was Sub-Dean of the Medical School from 1946 to 1955. He was elected F.R.C.P. in 1948. He became Assistant Physician to the Cardiac Department in 1949, and was in charge of it from 1956, when he became full Physician. He had many outside commitments as Member of the Association of Physicians and of the British Cardiac Society, Secretary of the London Cardiological Club and Vice-President of the Medical Defence Union, and such non-professional inside commitments as presiding over the Music Club, the Squash Club, and being Chairman of the *Gazette* Committee. All

these were somehow fitted into a complicated life of intensive work and enjoyment.

In his professional life he veered increasingly towards cardiology, and ended as a cardiologist without ever losing his interest in general medicine. As a physician, he was a very wise and compassionate man of infinite kindness, who never took the easy way to safeguard himself, but, weighing every case with scrupulous care, would prefer an element of risk to sterilising the patient's life, where risk was permissible! He always geared himself to the patient's understanding and talked to him on level terms. Some thought that his wisdom showed at its best in his teaching, which was admirable, where it would not only illuminate whole areas, but would bring complex issues and their details to suddenly comprehensible proportions. It showed well, too, in his writings—and he wrote considerably. Apart from many papers on the technical aspects of cardiology, arising from the astonishing developments in the 1950's in which he was much involved, he wrote papers that were later considered classical on Hodgkin's disease, Bleeding Peptic Ulcer and the Cough Syndrome; but the wisdom, practicality and breadth of view came out best of all, and not only for the student, in his less specialised clinical lectures on Old Age (*Gazette*, 1947), Wind (*Ibid*, 1949), and ending with an excellent joke), Smoking (*Ibid*, 1951), and Confined to Bed (*Ibid*, 1953). In addition to these activities there was a large private practice in which, of course, V.I.P.s of all nationalities loomed large, but not as large as doctors and their families.

Indeed, he worked very hard, but, though his always plentiful hair turned from grey to white, which enhanced his distinguished appearance, he continued to find time for other things. Racing may have become almost confined to Ascot, (and he had framed a letter from the Ascot Office, immaculately addressed with decoration and qualifications, asking if he were the same Charles Baker who had been warned off in 1925), squash racquets may have been replaced by Royal Tennis (at which he was good enough to play in club matches three months before he died), but, despite an orthopaedically unstable knee, he continued to ski in his sixties, undertook the Pennine walk of a hundred miles with the same friends each year, made after-dinner speeches with graceful aplomb, widened his already wide reading (an authority on Jane Austen), and incessantly attended musical occasions of all kinds (a musicologist and especially an authority on opera). In all this he was much helped over the last few years by his marriage to his long-standing friend and enchanting former neighbour, Miss Jean Bailey, who shared his interests and his enthusiasm, and provided an efflorescence of entertainment in the new and elegant 18th century Warden's House in St. Thomas' Street, where there was splendid talk over the wines about which the host knew so much, and which continued to within forty-eight hours of his death, despite an illness which he knew to be fatal, on October 21st.

Most of one's memories are of his cheerful encouragement. When one had bought a picture one could not afford (which he had been wont to do): "Oh, it's all right. What happens is you say that you won't go out so much. But actually you do, and you've got a picture as well". And when he had lost a diary and all knowledge of his engagements: "Oh, it's marvellous, I'm absolved, it's a release from bondage". As a matter of fact, much of his life was bondage —in service to others. How much he would have enjoyed the retirement that he deserved.

M.P.

RESEARCH IN GENERAL PRACTICE

by

G. I. Watson, O.B.E., M.D.

More lives have been saved or improved by research in general practice than by all the kings' physicians and all the kings' surgeons put together. True or false? Let us study even part of the record. Through Dr. William Withering's introduction of digitalis in 1776 and James Mackenzie's monumental study of rheumatic heart disease, countless thousands of patients have lived longer and less disabled lives. In 1796 Edward Jenner not only established vaccination as a successful means of preventing smallpox but lit a trail of prophylaxis which has burned right on through Pasteur's work against rabies up to modern immunisation against so many of the killing and maiming diseases.

By his fundamental studies of filariasis in a Hong Kong practice, Patrick Manson was later able to guide Ronald Ross through three painstaking years, up to his discovery in 1897 of the life cycle of the malaria parasite in mosquitoes. This discovery in turn led Malcolm Watson in 1901 to dig the first anti-malarial drain in the Empire, if not in the world. From such a small beginning has come the control not only of malaria but also yellow fever and many other insect-borne diseases in all five continents. It has been estimated that malaria alone previously killed over one million people in the world every year.

Unanswered Questions

The need for more knowledge is inherent in all good medical practice. Knowledge is power and the extent of our wisdom will determine how powerful is the aid which we can extend to those who need our help as doctors. All medical progress involves learning about what is already known, what others have found out, which is education; and learning to find out what is not yet known, or perhaps has been forgotten, which is research. Research extends our quest for knowledge along uncharted ways at all stages of practice.

In general practice we care for people rather than problems; not people in the mass as politicians, nor numerically as a statistician, nor even as interesting cases for the specialist, but people we know who eat and drink, love and hate, breed and die in our own district;

who come or call out to us for help. Sometimes we can give them that help, all the help they need; but more often if we are honest with ourselves—we recognise that we lack either the knowledge or the means to help as much as we would wish. "If only" is the start of medical research.

If only we knew why influenza type A can spread so quickly all over the world compared with type B; if only we knew how one child can survive an attack of measles or gastro-enteritis in the same house where another dies; why illness occurs or our help is sought today, not yesterday or tomorrow; what determines that some people can smoke or eat so much more than others without suffering coronary or bronchial disorder.

About almost every disease there are so many questions to ask, so little time and so few people to seek for the answers. Some problems can be studied locally; others occur so infrequently as to need a joint effort of many doctors to collect enough information. Who is to organise such enquiries or spend the long hours needed to analyse the records when they come in? Much good research lies withering for want of time to write up the results.

I believe there is, first, a need for family doctors to pay more scientific attention to studying single patients with common disorders, infective or non-infective, which they see frequently; anaemia, anxiety, gastro-intestinal and respiratory infection, malnutrition, obesity or hypertension are only a few of these. All elaborate research depends upon the integrity of small observations and records. Inaccuracies at base level do not cancel out; they multiply.

James Mackenzie taught us how much new knowledge can come from the careful long-term study of single patients. He waited 17 years after attending a woman with rheumatic fever before seeing and understanding how the onset of atrial fibrillation precipitated heart failure. He had to understand what he saw in this one patient before he could collect further cases or start teaching others about what he had discovered. Koplik only saw what others had seen and even described before; but he alone recognised through his follow-up and records that the appearance of those buccal lesions was followed by measles in every single patient. Remember, too, that neither Mackenzie nor Koplik had need of or access to age/sex registers or computers.

Problems of epidemiology, such as this, surround us in daily practice. With no more than a pencil and a notebook there is still new light to be shed on the infectiousness and severity of common disorders; for example, do those infected with chicken pox or measles by home contacts have more or less severe attacks than those infected outside the family? The answer to this question could have a bearing on the development and use of measles vaccine. Or again, when we guess that in England or India, only about half the population has been vaccinated against smallpox, should the figure really be less than 30 per cent or over 60 per cent? Basic facts about the proportion of our patients who have been immunised with the antigens in common use is lacking and we in family practice alone can collect the data : the public health service has no direct access to the people concerned.

No doctor can study the old age of the children he brings into the world. Relying only on his personal records, no one can yet determine, for example, whether breast feeding protects against the development of atherosclerosis or mental illness. For research in and into the next generation a pencil and a notebook will *not* be enough. A new system of personal records will be needed and is being developed which, while still of help in day-to-day management can also be used in the care of whole families, can provide information about practice activities, be a source of data for national or international statistics and then live on beyond the span of the original recorder. Only computers have all these potentials.

Some diseases, such as chilblains, summer diarrhoea or herpes zoster, though common enough in general practice, only occur periodically. Preparations for their study can and must be made ahead of time. The planning of epidemiological or therapeutic research on influenza cannot be left until an epidemic occurs; to complicate matters still further, the additional time needed to make and record our observations on patients with 'flu must be found at a time when the practice is already busier than usual. However many patients seek our help each day, we must be alert as scientists to try and define the causes which led up to each consultation and the limiting factors within which these causes operate. Therapy in its widest sense should be aimed both at the causes and at the limiting factors, at the squalor as well as the staphylococci; at the sweets as well as the streps; at the visitors as well as their viruses; at resistance as well as immunity.

The Patients' Plea

Therapeutic studies present many special problems, ethical and statistical as well as medical. Yet here is the core of our very existence as doctors. Our patients plead with us to "do something" even, and perhaps particularly, when cure is not commonly possible. There is a world-wide need to collect from general practitioners all well-recorded data about their usual treatment of common disorders. For example, on diagnosing hypertension in Britain or Bihar or Bangkok, what drugs are commonly used and in what order, with what result? How quickly do patients recover from influenza in countries or places where aspirin is not freely available? Indeed, is it wise or necessary to reduce the febrile response to infection if this has any protective benefit? Does any drug exist which will relieve the headache of influenza without reducing the temperature?

All over the world doctors are in attendance on the dying. Our mission to relieve suffering of mind as well as body is here brought into sharpest focus. Have we as family doctors nothing more to learn about the management of fatal illness in the home? Do we all use the same sequence of pain-relieving drugs in terminal cancer? I think not, yet who can tell if your way is better than mine unless we both record our experiences and exchange information with each other?

In life, as in death, the needs of ordinary people may not always be met by our profession. What my patient hopes to achieve by consulting me and what he thinks or feels when he goes away will depend only partly on my knowledge of medicine. His ease of access to the consultation, his reception by whatever staff I have, my air of hurry or repose will each play a part in restoring or diminishing his sense of well being. What he needs may not be apparent to either of us unless my training has included preventive as well as curative medicine. I once asked a wealthy medically-qualified land-owner of some malarious villages what he was doing to reduce transmission. "I don't have to do anything," he replied, "for the villagers don't complain." So long as family doctors only concern themselves with "complaints" by those whom they attend, we will be guilty of the same attitude towards modern preventive medicine as that doctor was.

Cholera, typhus, yellow fever, malaria, smallpox, tuberculosis—all these have been conquered by men who dealt with causes, not complaints. Poliomyelitis could never have been prevented by dealing only with paralytic cases, while disregarding non-paralytic carriers. The triumphs of personal as opposed to public preventive medicine will only come to doctors who can seek out patients who *need our help*, for example those "carrying" but not yet showing carcinoma of the cervix or bronchus, those "carrying" obesity or hyperglycaemia but not yet diabetic, those "carrying" glaucoma but not yet blind; rather than waiting till such people *seek our help* about "complaints". The ultimate failure of antenatal care is a dead mother carrying a dead baby. The ultimate complaint of a depressive is suicide, for which there is no cure, only prevention.

Valuable Information

By collecting uniform records from several doctors, each of whom contributes data about only a few individuals or families, the Royal College of General Practitioners and its sister Colleges and Academies overseas are filling a gap in medical research which no other organisations can do for us. Either we in general practice plan and carry out such investigations ourselves or that knowledge will remain hidden. The current prospective controlled enquiry by our College into the effects of oral contraception on the health of women in their child-bearing years is the largest anywhere in the world. It could only have been mounted on a basis of the population data which family doctors can obtain in the National Health Service.

Learning and teaching, education and research are the direct concern of all of us, wherever we practice. Sometimes our emphasis will be on one, sometimes on the other aspect of what should be a continuous quest for more knowledge. This is the nourishment on which those feed who are young enough in mind to remain "perpetual students". Nearly every medical student, after he has set out on his quest for medical knowledge, will sooner or later encounter some problem of interest for which his teachers and books give no satisfying answers. Part of our task as educators is to see that he is shown how to go beyond his immediate circle of teachers, to tap the

vast wealth of published knowledge, hidden but accessible in the libraries of the world. Part of the task for our colleges and academies of general practice is to provide a chance for the exchange of knowledge specifically related to family medicine; but when the books or the teachers cannot satisfy us with their answers, there are only two things to do : one of these is to go and find out for yourself.

NEW CONSULTANT APPOINTMENT

Dr. J. S. Paddle

Dr. John Paddle has been appointed Consultant Anaesthetist to the Guy's group of Hospitals.

After schooling at St. Lawrence College and further education at Trinity Hall, Cambridge (where he was a hockey "blue" for two years). Dr. Paddle qualified at St. Thomas' Hospital in 1958. He did three House Jobs at St. Thomas' before going out to Malaya and Hong Kong on National Service and, on his return, he worked as Registrar in Anaesthetics to the Southampton group of Hospitals.

In 1965 he became F.F.A.R.C.S. and worked at The Hospital for Sick Children, Great Ormond Street, for six months before being appointed senior Registrar in Anaesthetics at St. Thomas'. During this appointment he spent fifteen months as research fellow attached to the Department of Medicine working on the changes in the acid-base state of the C.S.F. after periods of hyper- and hypo-carbia. The results of this work are soon to be published in the British Journal of Anaesthetics.

Dr. Paddle is 35, he is married with two children.

SPINAL MANIPULATION

by

Clifford Harley, M.B., B.S., D.Phys.Med.

During the coming winter the British Association of Physical Medicine will be conducting a multi-centre trial on the treatment of backache. The Department of Physical Medicine at Guy's is one of the ten units in which the survey will be conducted. It is intended that 2,000 patients should be divided equally among the participating centres. The criteria for selection will be low back pain with painful limitation of movement of the lumbar spine in one or more directions, but patients with signs of nerve root pressure, spinal disease, pregnancy psychiatric disorder, arthritic hips, osteoporosis or sacro-iliitis will be excluded. A random selection list will be used to place each chosen patient into one of the four treatment categories : physiotherapy, paracetomol, a corset, or manipulation. Each patient will be treated for three weeks and then reassessed. In the case of those patients who have been manipulated the success or failure of the treatment will be determined by a specialist in physical medicine other than the one who has been performing the manipulation. Patients will be followed up at intervals of three weeks, six weeks, three months and one year.

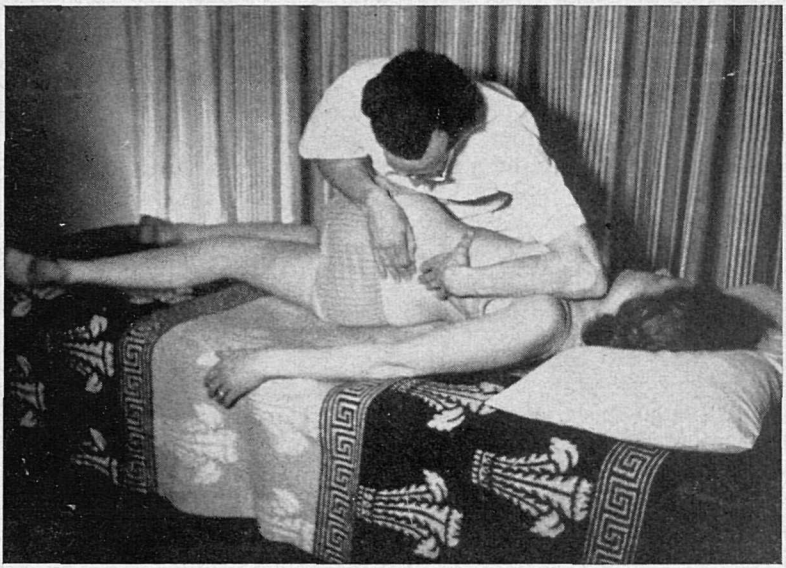
Although this trial will assess four different ways of treating the problem of low back pain, attention will be focused on the most controversial method, manipulation. Interest in this form of treatment is growing in the medical profession, and the purpose of this article is to explain something of what it is all about.

It has long been held by schools of osteopathic teaching that the spinal facet joints can "jam" and that such jamming results in symptoms referable to that joint level. It is furthermore taught that these joints can be unjammed by applying to them appropriate forces, and that once this has been achieved the symptoms will disappear. I have considered this proposition with particular reference to the problem of low back pain for some years, and I have come to believe that it is true. I have tried to justify this belief elsewhere.*

Osteopathic theory quotes a large number of intervertebral joint lesions, pairs or groups of vertebrae becoming displaced and jammed in flexion, extension, rotation, or a combination of these three. No scientific proof of this has yet been shown, but it is now being conceded among many orthodox practitioners of physical medicine that "acute mechanical derangements" of the spine may occur. Two examples of this may be seen in the common cases of acute torticollis and lumbago. These disorders will usually relieve themselves over a

period of time with the help of analgesics, but mobilisation of the deranged vertebrae by specific manipulation can result in immediate relief of muscle spasm, and the reduction of pain from the level of intense to that of a readily bearable ache. It is hoped that the validity of this claim will be demonstrated by the results of the trial.

Before any patient undergoes manipulation, a full medical history-taking and general examination must be carried out. If there is any clinical doubt about her fitness, further investigations must be undertaken. When the patient has been cleared for treatment, the manipulator must try to diagnose the source of the pain. It is not the object of this trial to attempt the treatment of patients who have signs of nerve root pressure so muscle weakness and reflex disturbance will not be available to point to a nerve root level. Instead, reliance will have to be placed firstly on the exact site of the patient's pain, and



Manipulation of L4-5.

of areas of tingling or subjective numbness. Pain felt in the anterior aspect of the thigh is likely to originate from the L3-4 level; tingling in the lateral border of the foot points to L5-S1. Once the patient's story has given an indication of the spinal level, an attempt can be made to find a pair of jammed vertebrae by mobility testing. The techniques for this are very difficult to master in the cervical and thoracic spines, but in the lumbar region the method is considerably easier. The patient lies on her side facing the manipulator, with her knees drawn up. The manipulator gathers her legs up on one arm and swings the knees up towards the chin and back again whilst palpating the gaps between the lumbar vertebral spines with his other hand. With practice it is often possible to appreciate that one pair of vertebrae is moving very little as compared with those on

either side, and this is then the level at which manipulation should be attempted.

The object of a manipulation is to apply forces to a pair of jammed facet joints so that the joint surfaces momentarily separate. As this occurs a click is heard similar to the sound made when one cracks one's knuckles. It is thought that this brief separation will allow a pair of jammed facet joints to spring free and reassume their normal mobility. If a patient can be treated within a few days of the onset of the pain, one manipulation should be sufficient to relieve the symptoms, but if the disorder is of longer standing, secondary changes may have occurred, and these will need treating in their own right. In cases of chronic low back pain, the short posterior sacro-iliac ligaments are often inflamed and an injection of Hydrocortisone may bring relief. In long-standing cases of facet joint jamming, the capsular ligaments of these joints are thought to become contracted. Reduced spinal mobility will remain if these capsules are not thoroughly stretched once the joints have been manipulated free.

Practitioners of manipulative medicine hope that the B.A.P.M's. trial will demonstrate that manipulative treatment relieves low back pain more rapidly and permanently than analgesics, corsets or physiotherapy. If this does prove to be the case, further studies will be needed to find out exactly how this has been achieved!

*HARLEY, C. E. The Diagnosis and Treatment of Acute Low Back Pain, UPDATE, March, 1969.

OBITUARY

MARY MOWER WHITE

Mary Mower White came to Guy's in 1925 and worked in the Superintendent's Office until her retirement in May 1965. She gave 40 years of complete devotion to the hospital she loved so dearly and to those of us who knew her best and indeed to all Guy's people she was a true friend and willing helpmate. Her quiet and gentle personality, coupled with her forthright loyalty, will be remembered with gratitude by all who had the privilege to know her.

She went to live in Cornwall after her retirement, where she spent four very happy years.

Her untimely death in Guy's on 24th September, 1969, brought great sorrow to us all who loved her, and we extend our deep sympathy to her sisters and brothers in their tragic loss.

J.M.W.

CORRESPONDENCE

Mrs. C. G. Baker

SIR,—I have been overwhelmed with letters from our Guy's friends, with such kind messages and offers of help. I appreciate them all enormously, but feel I shall be quite unable to answer them all personally.

I would therefore be most glad if you would allow this letter to be printed in the *Gazette* to convey my grateful thanks for the many kind thoughts and sympathy.

Yours, etc.,

JEAN E. BAKER.

The Warden's House,
Guy's Hospital, London, S.E.1.

Miss Mary Mower White

SIR,—May I, through your column, on behalf of Miss Mary Mower White's family and myself, thank all the many Guy's friends who were so extremely kind to us all during the last few weeks of Mary's life.

We would also like to express our gratitude for the many letters of sympathy and the beautiful floral tributes.

Yours, etc.,

"Di" POWELL.

Windcock,
Mawgan Porth,
Nr. Newquay.

Flossie

SIR,—So Flossie is dead? Then Lethe is the richer by a great character. Dr. Bishop's affectionate tribute fails to mention one of her many virtues. If she had, perhaps, one of the biggest hearts in the Borough, she certainly had the most devastating left-handed side-winder in the business. When Flossie clipped your ear, it stayed clipped—tinnitus and all. This fate was reserved for that rash few who not only used one of the few expressions which she would not tolerate, but also jibbed at paying the obligatory threepenny-bit into her swear-box.

By all means let there be a plaque displayed on the table, and let it tell the history of both Flossie and the Ship; but she has no need of this. With Horace, she could say in all truth, *Exegi monumentum aere perennius*—a memorial and a legend in men's minds.

Yours, etc.,

DR. JOHN MILES.

11, Royal Crescent,
Cheltenham.

Flossie

SIR,—Dr. Bishop's delightful little memoir of Mrs. Bones will recall happy days for many Guy's men: rather surprisingly, perhaps, for me, too. In the 'thirties I garaged my "Baby Austin" in a shed, owned by a man called Bill, behind The Ship and Shovel. This necessitated mounting the pavement between Zetland House and a lamp-post; a sharp right turn to the back of The Ship and a sharp left into the shed. I soon realised that I had to avoid "closing time"! Then, Mrs. Bones acquired a car and, of course, she was a more attractive tenant than I was. However, she refused to have me evicted and with manoeuvring and co-operation we shared the shed very happily for some time.

Yours, etc.,

FLORENCE TAYLOR.

Flat 2,
103, Blackheath Park, S.E.3.

Conflicting Thought ?

SIR,—It appears that you are either prejudiced against, or ignorant of, two large branches of medical practice.

In the *Gazette* of 24th October you published the excellent, stimulating article by Dr. Arnold Rosin, "What Does a Geriatric Department Do?", but in the editorial of the same issue you write, "post-graduate training must be provided without directing junior doctors into non-training jobs, e.g. the staffing of geriatric and mental hospitals".

While I agree with you that positive direction is to be avoided, surely you should be encouraging junior doctors to see for themselves the interesting and rewarding work now being done in forward-looking geriatric and psychiatric units. It is in these two branches of medicine that advances have still to be made, and where also there will be more consultant vacancies in the foreseeable future; but as in other specialities, aspirants to the consultant posts need training which is only available in existing units.

The junior doctors—or perhaps it is only you, Sir—should think again.

Yours, etc.,

Dr. A. E. K. SALVI.

Damers Hospital,
Damers Road,
Dorchester.

Tick or V.S.

SIR,—I would like to add support to Mr. R. H. F. Clark's letter concerning non-attendance of players at matches when they have indicated their availability.

The Spirochaetes have especially suffered from this disease, notably on Sunday, 2nd November, and the Captain finds he has only half a team, which is very disappointing for the Opposition and our own players.

If this attitude persists we are in danger of losing good fixtures which have taken many years to obtain.

Yours, etc.,

JOHN W. TOPLIS
(Spirochaetes Captain).

NOTICES

The Festival of the Nine Lessons and Carols

Tuesday, 9th December, 1969, 7.30 p.m.

A Choir is being formed to lead the worship at this Service. If you would like to join, would you please come to the Hospital Chapel any Wednesday at 5.15 p.m.

R. BEEVERS, Resident Chaplain.

ART SOCIETY

Painting Demonstration

Tuesday, 18th November, 5 p.m., North Common Room.

Mr. Wally Pharo, M.B.E., is coming to Guy's, to introduce you to Mrs. Dorothy Say, a first-class artist in pastel, and an expert in portraiture.

For the first part of the evening's entertainment, Mr. Say will paint a portrait, and will explain her technique while demonstrating.

After this, Mr. Pharo will paint in water colours and show some of his remarkable pictures.

This will be a wonderful evening's entertainment and everyone is invited to come and watch these artists at work.

MORNA VAN ESSEN.

GUY'S HOSPITAL NURSES' LEAGUE

The Cosmo and Mabel Bonsor Scholarship, 1970

The scholarship, value £200, is awarded to members for post-registration study at home or abroad. Applications to The Matron, Guy's Hospital, before 15th January, 1970, with details of the course to be undertaken.

GUY'S HOSPITAL BOAT CLUB

125th Anniversary

A special Anniversary Dinner-Dance is to be held at the Hyde Park Hotel on Saturday, 13th December. Tickets are three guineas each person and we hope that as many former members as is possible will make a special attempt to attend this unique occasion. Those former members whom we have been able to trace through the "Gazette", will have been notified already.

Information and tickets are readily available from the Captain, East Wing, Guy's Hospital.

The new coaching launch will be launched by Mrs. Mansie from the Boathouse, at 2.15 p.m. on Saturday, 8th November. Those who want a good way of recovering from the Dental Ball of the night before are most welcome, as indeed is anyone.

There will be a special commemorative edition of the "Gazette" to celebrate the anniversary on 22nd November.

PETER HUNT,
Captain G.H.B.C., 1969-70.

MOTOR MEDICA

by Harry Scott, L.D.S.

Acute Disseminated Hypermachinitis

Otherwise known as Motor Show Madness, this serious condition has an insidious onset. More common in the male, the first symptoms are noticed in late summer when the victim starts reading avidly all the automobile literature he can get.

During this stage of the disease, health is otherwise normal and sufferers have, on occasion, even been known to discuss subjects other than motor cars for brief periods. As the date approaches the patient becomes less and less co-operative, appears to become progressively more deaf, and loses his appetite for food (but not drink). The most acute phase of the condition occurs at the Show itself.

Typically this takes the form of a number of hallucinations, the most common being the "Diminishing family syndrome" and an attack of Macro-accountitis. The latter is common to many conditions but in the former the patient believes that his children are far smaller than they are and will fit into the back seat of a two plus two which, in fact, will actually only accept emaciated bicrural amputees.

Treatment is exceedingly expensive and usually impossible. If the craving is satisfied by purchase it tends to clear up all the symptoms for a time but they usually recur in a few years. A good result can be obtained, however, by the oral administration of best bitter, the dose varying somewhat from patient to patient.

Case History

As far as the British industry is concerned, this year's show is one of modification. The year's two new cars, Ford's Capri and British Leyland's Maxi were introduced early but the modified models at Earls Court hold considerable interest.

At last the Mini (in Clubman form) has a good interior and winding windows, the new front end is also an improvement.

Jaguar and Daimler indulge in a little "badge engineering" with the Sovereign, and the M.G.B. and Midget are improved in appearance. British Leyland's biggest change is the Triumph 2000 and 2500, the Mark II models being vastly improved outside and have some of the best interiors in the Show.

Vauxhall and Rootes both have high performance versions of their saloons and Rootes have reduced the price of the Imp so that it now undersells the Mini. Ford are content with their range, supplementing it with the four-door Escort which should prove very popular.

The Aston Martin DBS V-8, in yellow with black trim is magnificent and undersells the foreign exotica by quite a margin. Reliant's G.T.E. with *rear* window wiper and washer is a first-class idea which others could follow and Lotus are having reserved success with Elan variants and the Europa (definitely for the short list that one !)

The Mercedes C III is far better looking in the metal than in pictures, the N.S.U. RO 80 (with opening side to reveal all) is interesting and B.M.W. show their superb six-cylinder range currently receiving so much praise (ditto short list).

The French industry shows the Peugeot 304, which looks good family transport, but did not bring the Renault 12 to London. Citroen, like Rootes, have reduced their prices, so your Gallic symbol could be cheaper.

Ferrari is always worth looking at but I admit disappointment with Lamborgini, perhaps it was the colour. Lancia have their new 2000 coupé and the 1.6 Fulvia H.F., which must be a honey. Fiat concentrated on their "Special" models with their equally impressive (for different reasons) 128 and 130 seen by most people for the first time.

Among the accessories I was particularly impressed by "Essem" inertia reel seat belts which have a metal "yoke" between the seats to which the buckle attaches, doing away with the short end which always seems to get jammed under the seat.

My overall impression was that they are all getting more expensive but of higher quality in most cases. My personal attack of the dreaded disease was bad this year but, I hope, will yield to the second treatment in time—anyone care to write me a prescription?

BOOK REVIEWS

OPERATIVE SURGERY REVISION.

J. J. Shipman. H. K. Lewis, 35s.

The existence of this little book is justified in the author's introduction. "It is designed to be used in the revision of the essential steps carried out in a number of routine operations". "It is intended to facilitate revision". "Some rare operations are included which have occasionally been asked for in the Fellowship Examination".

It is published by H. K. Lewis in hard back, contains 170 odd pages, is clearly printed and easily read, well indexed and is slightly too big to slip into a jacket pocket without tearing it. A purist cannot approve of a book designed entirely to help the postgraduate overcome the stumbling block of the Final Fellowship even to the extent of containing descriptions of unusual operations that Fellowship examiners have been misguided enough to ask candidates about in the past.

Nevertheless, as several hundred candidates take the Final Fellowship every year, this book will undoubtedly be read, and it certainly achieves what it sets out to provide.

However, apart from being an excellent weapon against the Fellowship examiners, and it is much too small and light for any other purpose than being read, it has another use. It is so well set out and the contents so clear and succint, that for the experienced surgical registrar who has assisted at most operations, it could in certain circumstances be a useful reference book. When faced with an unfamiliar procedure at which he has assisted in the past, reference to the appropriate page would provide him with the essential steps of the procedure, and furthermore the easily forgotten and important points are marked with an asterisk.

It cannot replace the bigger textbooks of operative surgery, and it is quite useless for the inexperienced, but the experienced registrar might occasionally be glad he spent 35s.

J.M.

A SHORT TEXTBOOK OF MEDICINE.

J. C. Houston, C. L. Joiner, J. R. Trounce. 3rd Edition. E.U.P. 30s.

This is the third edition of a well-known, well used Guy's textbook. It has a deserved popularity with the Medical Student, the newly-qualified doctor, and those in other fields who want a brief, up-to-date, authoritative work on general medicine. This new edition keeps up the high standard, and now offers a revised chapter on the Cardio-Vascular System, and a combined chapter on disorders of water, electrolyte and acid-base balance.

The chapters on general topics are generally very good and well balanced, particularly useful are those on the cardio-vascular, metabolic and endocrine disorders. However, in attempting to cover the whole field of medicine, some of the fringe subjects suffer, due to a lack of emphasis on the more common diseases, and skimming over topics that really might have been excluded. The chapter on blood disorders is far from perfect (and is 0.5 ml., and of 1:1,000 adrenalin subcutaneously still the treatment for Henoch-Schönlein purpura?). The chapter on skin disease suffers likewise.

These are small criticisms in a book which covers so much so well. It is certainly most readable in spite of its brevity; the occasional personal observation is most welcome, as is best seen in the chapter on infectious diseases wherein are contained many conditions that readers may encounter only rarely these days. This book, I think, is the best now available, as it is both up to the minute and reasonably priced.

I.M.

PROGRESSIVE EXERCISE THERAPY.

John Colson. John Wright & Sons. 207 pp. 30s.

This book is the second edition of a work first published in 1950. Its intention is to present a compendium of exercises suitable for the treatment and rehabilitation of a wide variety of medical and surgical conditions, with emphasis placed on progression. To this end it is successful.

Unfortunately, much of the material is not in accordance with modern thinking, and for this reason the reviewer finds this book to be of little value. One may or may not agree with the philosophy of Proprioceptive neuro-muscular fascilitation techniques, for instance, but there seems no justification for omitting all reference to this important and widely accepted advance in therapeutics. Nor would everyone agree that extension exercises are the sine qua non of treatment of back injuries, particularly when hyperextension of the spine is encouraged.

A glance at the references listed shows only one later than 1958, and this is to a 1962 work so that one is left wondering whether this is, in fact, a new edition or merely a reprint.

H. BURRY.

CLINICAL BACTERIOLOGY.

E. Joan Stokes. Edward Arnold Ltd. 345 pp. 50s.

This, the third edition since its first publication in 1955, shows its continual popularity with the public for which it is designed, which is, of course, the bench worker who faced by a new problem, wants simple factual guidance. One of the attractions of the textbook is that Dr. Joan Stokes has kept the text short and to the point. Most of her competitors have long since run to literary fat. Naturally not all laboratories would follow her guidance implicitly, but few would find any statement wrong.

Not many students will be drawn to this book unless they are seriously considering a career in the laboratory, when I would recommend it to them most warmly. Similarly to the newly-qualified doctor, working perhaps in a strange laboratory, but anxious to get a specimen examined that evening or night may safely entrust his problems to the guidance of "Clinical Bacteriology".

R. H. GORRILL.

EXPERIMENTAL PHYSIOLOGY.

B. L. Andrew. E. & S. Livingstone. 1969. 50s.

The course in practical physiology has always set the teacher more problems than the student. What should be the educational objectives of such a course? The learning of manual skills, the experience of handling living tissues, the development of ideas of the experimental method, the personal demonstration of simple physiological principles and the familiarisation with modern instrumentation and techniques used in clinical practice are all aims which have a claim on the student's time. Too often, however, for past generations of medical students, the only clear memories of physiology practicals are of battles with the Haldane apparatus and smoky fingers.

The course in practical physiology in this school is now aimed at encouraging the student to pose his own questions and, within the limits of available techniques, to devise his own experimental methods for answering them.

Dr. Andrew's book takes a formal approach to the subject and describes lucidly a wide range of experimental exercises in the various systematic branches of physiology, and gives a simple introduction to the apparatus found in modern physiology departments. The course in practical physiology is presented as a series of hoops through which the student may be directed to jump with specific instructions as to how to make a safe landing. As such, I feel that it is not suited to the course at Guy's. The book would, however, be a useful reference source in any physiology department and be of particular value to a junior technician pursuing a course of study leading to qualification as a science laboratory technician.

G.P.

THE BIOCHEMICAL APPROACH TO LIFE.

F. R. Jevons, 2nd ed. pp. 226, 1968. George Allen and Unwin, Ltd. 21s.

The author, a former biochemist and now Professor of Liberal Arts at Manchester University, has used his scientific and literary talents to make a high-level popularisation of biochemistry. Junior Second M.B. students, nurses and graduates of more than ten years' standing, will find in the book an account of some of the more important topics of contemporary biochemistry presented in great clarity and with a colloquial style embracing not only the technicalties, but also their historical and philosophical backgrounds.

The book opens with a long chapter on the composition, structure, isolation and characterisation of proteins, supported by an Appendix by the basic minimum of organic and physical chemistry. Enzymes are then shown to be a special class of proteins in which resides the most important biochemical function of catalysis. With this foundation the mitochondrion, as a further level of structural organisation, is introduced as an enzyme complex with consequent multiple function.

There are some surprising omissions: iso-enzymes, allosteric sites in enzyme molecules, hormones. All of these are concerned with the regulation and control of biochemical processes and the lack of their discussion precludes a complete biochemical view of life. Emphasis is put properly by the author upon the idea that molecular structure is the origin of biochemical function, and that higher orders of structure, i.e., organelles and cells, generate higher orders of function. No attention, however, is drawn to the great similarities of biochemical functions qualitatively between organisms of quite diverse complexity or form. These differences arise from quantitative variations in biochemical functions brought about by regulatory means of various kinds, including especially those mentioned above. It is of importance for all students of biological sciences to understand the operation of quantitative factors, for diversity, both animal and human has its origins in these.

The first edition of this book was deservedly popular, and its excellencies have not diminished during the five years since its publication. A more thoughtful reappraisal could have further increased its value, but despite the reservations made it can be most strongly recommended.

W. L. G. Gent.

SPORT

SPORTS COMMENT

Each Wednesday afternoon at Guy's there is the spectacle of the dedicated students treking off to attend the numerous courses which are encroaching into their free time. Off they go, to clinical rounds, outpatients, pharmacology practicals or even right down to Hither Green for the fever lectures. Why do they go? Other students at most of London University Colleges use their Wednesday afternoon to participate in either sporting or other extra-curricula activities. One can suppose that some of our students do not wish to miss the instruction that is given, others merely to maintain a good attendance record.

The result of this steady encroachment is that the sports clubs not only struggle to maintain Wednesday fixtures, but also have great difficulty in maintaining their players adequately trained. This becomes particularly relevant as the winter nights draw in, when there is no time except Saturday when the teams can be assembled during the daylight hours. Not only are the clubs hit, but so, too, are the players. Admittedly the better players can miss their Wednesday commitments mainly because they tend to be more intelligent and can make up the lost time. But there are many who cannot; the average student needs to work and to obtain the good attendance record. Surely such people deserve some midweek release. Is it not encouraging them to miss what they can ill afford?

Many firms do have vast spaces at other times in the week, when the students are left to their own devices. Is it impossible for their time-table to be changed? It is surely time for Guy's students to exert their so-called rights and reverse this unpleasant encroachment into their freedom.

RUGBY

Guy's v. Cambridge University

Ground, Grange Road. Result: Lost 6—27. October 11th.

This match must have been a great disappointment to the few Guy's supporters present. The first XV, unchanged from a most convincing win against U.S., Portsmouth, failed to produce the fire and energy of the previous week.

In spite of some early fierce play, Guy's, as a result of a series of mistakes and penalties, awarded against them, found themselves 8—0 down after only 10 minutes. By half-time, the score was improved to 14—6 following a drop goal by B. Rolands and a fine penalty by D. Elliot. Unfortunately a good try by J. Ross was disallowed by the linesman.

In the second half the enterprising Cambridge backs, with a wealth of good loose ball, began to stack up the points.

J.S.

Guy's v. Tredegar

Result: Lost 0—31. October 18th.

The Guy's XV, much changed from the previous week, arrived at Tredegar to find for the first time this season, a damp pitch with a good grass covering. It was hoped that the lightness of our pack would be compensated by the greater fitness of our side and the superior backs.

Such hopes were dissipated, although at half-time Guy's were only 6—0 down. During the second half, the Tredegar side dominated the now weary and dispirited Guy's side, as is shown by the final score.

It is to be hoped that this low point of the season can only stir the club to strive for better things.

J.S.

Guy's v. Oxford City.

Result: Lost 9—17. October 25th.

This match saw the return of such stalwarts of the club as J. Davies, G. Hey and R. Hughes to strengthen the pack, and as J. Ross was playing in Ireland, D. Elliot led the side.

Guy's kicked off with both wind and slope, and pressed the home side in their '25 for 15 minutes before B. Rolands dropped a goal. This was followed 10 minutes later by a converted penalty by D. Elliot. At this stage the "tight" ball was going well to Guy's. The back row of M. Forbes, P. Williams and

N. Allen, were playing superbly, and it seemed Guy's were in for a fine victory.

The advantage was not pressed home, Guy's being stopped just in front of the Oxford line. Oxford came out on one of their rare attacks, and scored in Guy's corner. At half-time the score was 6—3 up.

During the second half, Oxford came back not only to equalise, but to draw ahead. This was mainly a result of poor tackling and defensive errors. Towards the end, Guy's came back, resulting in a prolonged period of midfield play, during which J. Shutes had to leave the pitch due to a fractured clavicle. D. Elliot kicked another penalty to obtain the final score.

It was a shame that Guy's were defeated by a side which lacked the wealth of talent that Guy's had.

J.S.

Angels XV

The Angels' XV started its 3rd season with an encouraging, rather scrappy, 19—3 win against Shirley Wanderers at Croydon. Several of last year's Angels, having flown to other sides and even to different games, were hardly missed with new social players easily collapsing into place. The second game against Sutton "B" at H.O.P., was far better as regards rugby and style with a 37—3 win. The whole side played well and good possession from line-outs and loose rucks gave the backs plenty of opportunities to score. The normally quite average Dave Arnold seemed quite promising, weaving his three tries and converting four attempts, and along with dainty 15 stone Ken Rigg, who scored four intelligent tries, were the main scorers in the match. The Angels' captain now realises that to maintain this high standard throughout the season, total abstinence from tobacco, alcohol and females is not too high a price to pay, and moreover will he be watchful in this respect.

Team—B. Sutton, B. Hartley, K. Rigg, L. Turner, G. Dunbar, K. Howard, D. Arnold, D. Richardson, J. McDonald, J. Cope, E. Elans, F. Haines, D. Davidson, D. Davis, M. Roberts, J. Handley.

R.H.

The Colts XV

This year it was decided by the Rugby Club to form a Colts XV out of the new intake of students. They were to be coached by Dr. Burry and kept together until Christmas, after which time the best players would be fitted into the 1st and 2nd XV for the cup matches. It was hoped to nurture them in a stable and enthusiastic environment with high quality coaching. Indeed, such was the response that it was possible to form two Colts' teams. At first these have played three fixtures each, all against fairly good extra "A" standard teams, and were able to win them all. Also at both training sessions each week, an average 25 players have turned up. This showed essentially what could be achieved with a little interest and proper organisation.

The subsequent week's games were blighted by the disruption of the teams by the selection of certain Colts' players for the 2nd XV, following a number of injuries in the first two sides. This occurred after two very strong fixtures had been arranged. These were against Chipstead 1st XV and Saracen's "A." As was to be expected, the result was, disastrous defeats of both sides gravely depleted of their usual players.

As a result of this new liability and largely unexpected need to provide players for the 2nd XV in the case of injuries, it was decided to stabilise one team and start playing the same XV twice weekly. The other Colts' XV was broadened in the spectrum of the types of players so as to include various older players. Such a formula has provided a certain amount of success. This included a fine win over the London Irish 3rd XV, who were more experienced and much stronger in the forwards. The team withstood two 45-minute halves of quite vicious play by the Irish and came back in the last quarter with three brilliant tries, our smaller forwards having started to completely dominate the loose play.

It is to be hoped that the newly arranged teams can play together without too much disruption, at least until Christmas. This should enable a good team spirit to develop and bring forward the potential 1st and 2nd XV players.

T.H.

FOOTBALL

Guy's v. Sussex University

Saturday 4th October. At Sussex.

Result: Lost 3—2.

After an unimpressive 2—1 victory in Southampton in mid-week, Guy's *again* travelled down to the South Coast. The Hospital 1st XI was selected to play Sussex University 2nd XI, but were somewhat apprehensive on discovering that the team which it was to play was in fatc the 1st XI, this team being a strong combination which plays in the Southern University League.

Using a 4—3—3 formation, Guy's came under heavy pressure right from the start, and could easily have been several goals down by half-time. However, at the change round, the score 2—0 in Guy's favour was a great tribute to a magnificent 45-minute performance by the whole team. Guy's for some time have rarely attained such high work rate and played so efficiently. That Sussex did not score in the first half speaks well of the brilliant display of goal-keeping by "Cat" Carter and the excellent work of the defence. Guy's goals started coming after a phenomenal goal by Al Valentine, who let fly at the Sussex goal from 30 yards, which gave their 'keeper no chance. After this shock, the opposition were then thunderstruck when Guy's scored again after two minutes. This came from Baker after good work from McConnell and Lindridge.

The Guy's goal came under continued fire during the second half with Guy's attacks limited to breakaways. The defence continued to play well, John Edward especially, in spite of an early injury. The Sussex team became more and more frustrated by their goal hunger. However, after 80 minutes, they scored a lucky goal from Lovell, who, under pressure, turned a clearance into his own net. The seige was over. Two minutes later, Sussex equalised with a blatantly offside goal, which was allowed by an obviously amateur referee who had handled the game quite well until this point. The crushing blow came two minutes before time when even "Cat" could not stop the winner.

Guy's were beaten in the eleventh hour, which was a great pity, because all aspects considered, the game really was a magnificent Guy's performance.

Team: M. Carter, O. McConnell, P. Evans, R. Lovell, J. Edwards, M. Winters, D. Lindridge, I. McClure (captain), S. Drage, C. Baker, A. Valentine.

R.L.

United Hospitals Six-a-Side Competition

Sunday, 5th October. At Hale End.

As a result of injuries and unavailability of several players, Guy's were only able to enter one term. After a bye in the 1st round, Guy's easily disposed of London II and Middlesex II to reach the final. Goals by irrepressible Baker; Valentine, confirming his high promise; Millins and our one newcomer, Mark Winter, easily served up both games. In either, Martin Carter never was really tried in goal-keeping.

In the final, Guy's faced up to an outstanding Middlesex side with last year's British Universities' captain, a Welsh schoolboy international, and an England youth trialist. Already Guy's were only five men, as Alan Valentine had been reduced to a passenger from an ankle injury sustained in the semi-final. Then Lovell injured his ankle, and the game became very grim, Guy's barely able to contain the Middlesex side. The 3—0 defeat reflects little of the great effort put out by the Guy's team.

Team: M. Carter, R. Lovell, M. Winter, I. McClure (captain), A. Valentine, C. Baker.

R.L.

BOAT CLUB

Head of the River fours, 12th October

This was the first time that Guy's has entered for this event, which attracted a record 140 entries, to row from Chiswick Steps to Putney Pier, some three

miles. We had intended to enter two crews—the one that had rowed the Boston Marathon in our shell coxless four, and another crew in the restricted four. Unfortunately the first crew dropped out, leaving the restricted Junior crew of Andrew Batch at bow, Peter Hunt at two, Rod Hay, a welcome newcomer to the club, at three, and Gordon Jackson stroking, with Fred Moorhouse at cox.

The enthusiasm this crew showed was magnificent, coming from a most unhealthy state of summer unfitness to a sort of racing trim in three weeks with training of one sort or another of six sessions a week. This is what this crew should be remembered for—its great enthusiasm. There was a big upset just before the race when the crew had to change over to an old Clinker four. The extra weight and resistance made some considerable difference. The results do not give much credit to this as they came 10th in their class in a time of 13 mins. 48 secs. It was a good steady controlled row with the crew going well up to Hammersmith Bridge, but their lack of stamina compared to the crews that had been racing all summer, then began to show. They finished as they had rowed—in fine style.

One day, Guy's may be fortunate to have enough boats of its own. Until then it is to be hoped that the zest which this crew showed will move into the eights, where even more commitment is required.

P.H.

WATER POLO

UNITED HOSPITALS LEAGUE

It seems that the domination which St. Mary's have had for many years, has ended at last. Of the six teams in the first division, George's, Mary's, Guy's, and possibly King's, are all in the running.

Guy's I do not face any of these teams until October 28th, and opened with an impressive win over the London.

17th October

Division I. Guy's I v. London.

Won 10—4.

Guy's great superiority was obviously swimming ability, and this was used to full advantage in a very impressive first quarter, resulting in a four-goal lead. The rest of the game did not produce quite such a bonanza of stylish play, but was a comfortable win.

Team and scorers: Howard, Jones (5), Challacombe (2), Northcott (3), Bevis, Howell, Adkins.

Division II. Guy's II v. Mary's II

Lost 1—6.

This was probably the hardest game of the League for the second team. It started at a furious pace in a goalless first quarter, and continued to be fast until the end. Adkins' powerful shooting was curtailed by close marking by Mary's.

Team: Lovell, Adkins (1), Davidson, Wright, Aspin.

BOXING

Guy's v. Sandhurst

October 23rd. Result—3—3.

Guy's went down to Sandhurst with seven boxers, and presenting their strongest team for a long time. As a result of this performance, the boxing club seems to be entering a new era.

The show began in front of a large and orderly Sandhurst crowd, with a lightweight contest, and R. Fry opened up the scoring for Guy's with decisive points win over the weaker Jeffries from Sandhurst. It was a great win for Guy's. The next bout was a little disappointing for us. R. Herbert, boxing for the first time, was unfortunately only just outpointed by an oriental gentleman, who had obviously been practising a kind of Thai boxing. But it was a very creditable performance by the Guy's man, and he showed a great deal of promise.

Peter Murdoch kept up his 100 per cent record by outpointing Chambers from Sandhurst in a rather one-sided contest, and it was looking at this stage as if Guy's were going to walk away with the match, with T. Reynolds still to box. Our hopes of victory were raised even higher, when C. Croft outpointed Craven, of Sandhurst. This was a very close fight. It would have been a lot easier for the Guy's boxer if he had not fallen asleep in the first round, but he managed to pull something out in the second and third, fortunately.

The score 3—1, and another middleweight contest, T. Reynolds v. Burrage, the two captains. Reynolds was down in the first, and things looked a little dismal, but as usual he managed to get back into the fight, and in the last round, did all but finish off his opponent. But for a public warning, I am sure Reynolds would have won this fight. It was now 3—2, with one contest to go, a light heavyweight contest, E. Bridge, boxing for Guy's, against Betts of Sandhurst. This was a heavyweight contest of true style, fists and feet in every direction, but excellent entertainment to finish off the evening, and much to the annoyance of the M.C., the Sandhurst crowd were carried away with the fun. Unfortunately, Bridges was floored in the last round, and this swung the decision in favour of the Sandhurst boxer, and a very satisfactory result for the tournament, and a fitting end.

The Boxing Club wishes to thank Mr. Mansie for his loyal support. May we also remind readers that there is a show in The Pavy Gym on Wednesday, December 3rd, 8.0 p.m. This is a very cheap enjoyable evening's entertainment, and your support will be welcomed.

C.C.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill two newly established posts as **Senior Registrar** in Anaesthetics to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board. Applicants will be expected to spend two years in the Region during a four year tenure of the post. The appointment will be made jointly by the bodies concerned. The post in the Region will be held in alternate years in the Lewisham Group. The post, which will be reviewed at the end of the first year, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) with duties commencing on a date to be arranged, as soon as possible. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **21st November, 1969.**

PERSONAL

ASSISTANT with a view to permanancy required in a three-man Hertford dental practice. Vacancy occurs 15th December, salary by arrangement. Living accommodation arranged. Tel: Hertford 2945 for details.

LOCK-UP dental practice for disposal by Guy's man, City area. Room for second surgery. Full time technician 5 day week. Telephone: 01-638 8219 daytime or Box 5/10.

MIXED GUY'S PARTY—(entered approx. 1961 vintage) going to St. Anton on 31st January, 1970 for two weeks skiing. Further details from:—Mr. Saunders, Baxter, Hoare and Co. Ltd. 145, Borough High Street, London, S.E.1. Tel: Hop 4455 ext. 136

BIRTHS

CRAWSHAW—On 28th March, 1969 to Mary (née Yorke) and Andrew, a son, Ian Matthew.

DAVIES—On 11th October, 1969, at Midsomer Norton, to Judy (née Ellis) and John Graham Davies, a daughter, Emma Charlotte, a sister for Caroline, Matthew and Ben

ROSS—On 20th October, 1969, in Victoria Ward, to Edwina (née Crammond) and Graham, a daughter, Gillian Evelina Norah.

ROWLAND—On 15th October to Ann and Chris Rowland, a daughter Nicola Claire, a sister for Caroline.

CHANGES OF ADDRESS

Dr. P. M. F. Bishop, 32, Connaught Square London, W.2.

Dr. R. W. Brotherwood, 10, Breech Lane, Walton-on-the-Hill, Tadworth, Surrey.

Dr. Peter, O. G. Butler's professional address 2160, Weston Road, Weston, Ontario. Tel: 247-4755.

Dr. J. A. Crawshaw, "The Surgery", Valley Road, Mevagissey, Cornwall.

Dr. and Mrs. Wallace Fox, 2, The Orchard, Bedford Park, London, W.4.

Dr. and Mrs. Philip Frost, "Merrydown", Groenkloof Road, P.O. Box 145, Hilton, Natal, South Africa.

N. Hall-Jones, Esq., L.D.S., R.C.S., "Montagu", Ridge Hill, Dartmouth, South Devon.

Dr. P. E. Heywood, Surgery: Health Centre, Robin Hood Lane, Sutton, Surrey. Tel: 01-642 6050. Residence: Ty Gwyn, 21 Mead Crescent, Sutton, Surrey. Tel: 01-643 5069.

Surg.-Cmdr. and Mrs. M. C. H. Jackson, 45, Farlington Avenue, Drayton, Portsmouth, Hants. PO6 1ES.

Lt.-Col. I. G. Johnston, R.A.M.C., B.M.H. Singapore, c/o G.P.O. Singapore.

Dr. and Mrs. J. O. Laws, 13, Eric Lock Road, Bayston, Hill, Nr. Shrewsbury, Salop.

M. C. Mace, Esq., B.D.S., 2, Fonthill Court, Honor Oak Road, London, S.E.23. Tel: 01-699 5126.

Dr. F. Navab, Travelling Fellow University of Rochester School of Medicine and Dentistry and Strong Memorial Hospital, 260, Crittenden Boulevard, Rochester, New York, 14620.

R. Middleton, Esq., L.D.S., 9, Hillside Gardens, Barnet, Herts.

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MARRIAGE

WILD—LAWS—On 24th October, 1969, Roger Broughton Wild, Des. R.C.A to Judy Margaret Laws, B.D.S.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2122

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Why do you want to be a Doctor

The medical profession has not enjoyed such nation-wide and world-wide press coverage as is apparent today. The trials and tribulations of the junior hospital doctors are frequently voiced, together with the brain drain and the fact that a major section of our National Health Service is dependent upon the services of immigrant doctors. By and large our own official medical student organization is one steeped in tradition, not given to emotive outbursts and favouring the powers of discussion. It is, therefore, interesting to note the not altogether well publicized medical students' strike which affected the majority of Paris's teaching hospitals earlier this month. This was provoked by the Government's decision to introduce a stiffer examination for medical students at the end of their first year. Many students saw this as an underhand way of introducing a "selection" to cut down the number of medical students and so limit the number of doctors, and appealed to the population for support, claiming that the protection of health was in jeopardy.

A refreshing review of a career in medicine, in this country, recently appeared in one of the Sunday papers. The point was made that at present there are some 2,700 places a year in medical schools and by 1975 there will be only a thousand more; furthermore, quoting, "the methods of awarding these places are patently unfair". Allowing for the small proportion of students admitted on "traditional" grounds the tide must surely be turning in favour of those students admitted on merit. Perhaps the author's quote is unfair?

This particular article, entitled "Jobs for the sons of the boys," explains the "system" well, from interview with the Dean to registration and further. It is made clear that the hospital doctor's progress is highly competitive and not well-paid, but we are still left with the

aged questions how and when will we see constructive improvements in the medical profession?

Change

At the recent Gazette Committee meeting, Dr. Peter Davenport proffered his resignation as Editor of the *Gazette*, the post which he held for nearly a year subsequent to one year as assistant editor. The increasing demands on the time of a Houseman did not in any way prevent Peter Davenport from devoting much of his free time, between arduous duties, to the *Gazette* and the furtherance of its scope. Dr. Ian Morris has also resigned from his position as Sports Correspondent, having held this position for some eighteen months. Throughout this period Ian Morris ably cajoled most of the sports secretaries into producing match reports of a wider interest than just to those who participate.

We wish Doctors Davenport and Morris every success in their future. careers. At the same time we welcome Mr. Stewart Kilpatrick as assistant editor, and Mr. Tim Higenbottam as sports correspondent.

We also welcome our new Nursing Correspondent, Sister P. M. Jefferies. It is, unfortunately, evident from reports in the national press, that morale is declining in the nursing service as a result of a fragmented organization recruitment and poor pay. The shortage of nurses in particular sectors of the profession and the lack of efficient organization reflects the unsatisfactory career structure. It is hoped that in future nursing sections we may be able to alleviate some of our own stresses.

GUY'S DIARY

NOVEMBER

25 Tu. 1.00 Clinical Lecture. Professor Sir HEDLEY ATKINS.
"Gastric Ulcer."

27 Th. 1.00 Clinical Lecture. Dr. JOINER.
"Basal Ganglia (2)—Structure and Function."

28 F. 1.00 Clinical Lecture. Dr. KAUNTZE.
"Systemic Hypertension.

2.15 Combined Round in Pre-Clinical Classroom.

Speaker: Dr. HUNTER.
Chairman: Dr. BARKAN.

1. A case of post-operative hypothyroidism.
2. Lead poisoning in domestic life.

DECEMBER

2 Tu. 1.00 Clinical Lecture. Mr. BLACKBURN.
"Thyrotoxicosis."

5 F. 1.00 Clinical Lecture. Dr. SCOTT.
"The Management of Asthma."

GUY'S HOSPITAL BOAT CLUB

Mr. James Mansie, the President of the Boat Club, and the Captain, Peter Hunt, try the new coaching boat after the launching by Mrs. Mansie last week.

The President's Piece

One of the privileges associated with preferment at Guy's is to be elected President of a Club. In most cases this is a gentle sinecure, but in the case of the Boat Club this is not so. The President may well find himself on a cold, wet Sunday morning in February, conned into taking cox's place in the boat; cox having had the sense to stay in his warm bed. And then sitting at the deep end of a waterlogged boat to face storm and tempest, the hazards of navigation and from the skippers of other craft the offensive personal abuse which passes for humour on London River. Or he may find himself umpiring from a "launch" which is in fact a grossly overpowered tea-tray.

Socially he faces the Club Dinners and the Bump Suppers and is exposed to the moral danger of traditional but indecorous songs. He is responsible for retrieving the coxes from the river and finally he is expected to engage the representatives of the Law in badinage while the rioters make good their escape.

The President who survives all this cannot but enjoy his term of office.

J.W.M.

A HISTORY OF THE GUY'S HOSPITAL BOAT CLUB

Part I—EARLY YEARS 1840-1920

by

D. K. C. COOPER

David Cooper was captain of the Club in 1963, and was a member of the last crew from the Hospital to row at Henley. Last year, whilst studying for a Ph.D. at the National Heart Hospital he rowed for the second crew of the University of London. He is a Vice-President of the Boat Club.

This history of the Boat Club will be published in three parts. The second part covering the period from the 1920's to the start of the war will be published in the Spring whilst the last part leading up to the present day will be covered in a summer issue.

Although the Guy's Hospital Boat Club is officially celebrating its 125th anniversary this year, there is some evidence that rowing took place at Guy's even before 1844. The British Rowing Almanack (1969) gives the founding date of the Guy's Hospital Boat Club as 1825. I can find no evidence of the Club being founded as early as this, and it has proved impossible to ascertain how the Almanack arrived at this date, even though the A.R.A. handbook gives the founding date as 1835. Reminiscences by Guy's oarsmen in the "Guy's Hospital Gazettes" of the early 1900's suggest that Guy's students were certainly rowing as early as 1840. More definite evidence of the activities of the Boat Club can be found regarding an Inter-Hospital Race with Bart's in 1844, when it appears that Guy's already had a "flourishing club" (St. Bartholomew's Hospital Journal, September, 1954), and regarding Guy's first entry to Henley Regatta in 1846 (Records of the Henley Royal Regatta).

This early activity makes the Guy's Hospital Boat Club an older club than such well-known rowing clubs as Thames R.C. and the London R.C., and even, in fact, then the Amateur Rowing Association itself, which was founded in 1882.

1840's

Our sources of information regarding these years are primarily from various letters to the "Gazette", written at much later dates by Guy's men reminiscing about the past. In a letter to the "Gazette" on 21st August, 1920, a Mr. Tom Bird, who had been an anaesthetist

on the staff of the Hospital, congratulated the Hospital on the revival of the Rowing Club after some years of non-function, and included several reminiscences on previous rowing at Guy's, notably:—

"Mr. Cooper Forster had rowed bow of a Guy's four at Henley for the Stewards' Challenge Cup, in 1846," and there is mention in Bell's life of the account of Henley Regatta in 1840, as follows:—

"Among the boats on the reach were noticed the eight-oared wherry belonging to the Guards, the eight-oared gig of the Travellers' Club, the Magdalen Hall cutter, the four of Guy's Hospital, etc."

The Guy's four did not actually take part in the regatta itself for, in 1840, the only events for four-oared boats were confined to local clubs, and Guy's would not have been eligible until 1841, when the Stewards' Challenge Cup was instituted.

However, the fact that the Boat Club was active as early as 1840 would make it, I believe, the oldest sports club in the hospital, the Rugby Club being founded in 1843.

First Recorded Race, 1844

In an excellent article in the St. Bartholomew's Hospital Journal (September and November, 1954), reviewing the history of the St. Bartholomew's Hospital Boat Club, Mr. C. N. Hudson wrote that in 1844 "Guy's had a flourishing club and both Hospitals competed in that year in a Regatta for £50 at Erith. Leander had entered, but on being accused of "pot hunting", withdrew. Guy's, in a fit of importance, withdrew their first four and subscribed a second four. Fortunately, this four was soundly beaten."

This event is the first definite evidence I have been able to obtain of Guy's oarsmen participating in a race, and 1844 is thus recognised as the founding year of the club.

First Henley Entry, 1846

The Guy's entry to Henley in 1846 is mentioned several times by correspondents to the "Gazette", the first occasion being in a letter in the edition dated 9th September, 1905, when "Captain, Oriel College, 1863, 1864, 1865," writes :—

"The hospital, however, had a boat club in 1846, for in the records of Henley Royal Regatta, compiled by the loving industry and ever-verdant enthusiasm of my old friend Herbert Thomas Steward, President of the Leander Club, I find :—

"1846. Stewards' Challenge Cup, First Heat.

Guy's Club, London v. The Dreadnought Club, Henley.
Bow—J. C. Forster (10 st. 4 lb.).
2—M. Gruggen (11 st. 7 lb.)
3—W. Ferguson (13st. 0 lb.).
Stroke—G. Cooper (11 st. 4 lb.)
Cox—A. Poland.

The records continue :

"This was so close a race that the umpire declined to decide which had won. It was therefore given as a dead heat. The Dreadnought Club, however, who said they were convinced they had won, refused to row the race again, so Guy's Club contended in the final heat. Here I am sorry for once to say they met my old University and were not successful!" A postscript to this letter states :

"The account of Mr. Cooper Forster in Wilks and Bettany gives Guy's Boat Club as the champion of the London River, and Mr. Cooper Forster as the best trainer."

Also in 1920, the trophies of the old Boat Club were found during the reconstruction of the Muniment Room. These trophies were presented to the Clubs' Union for safe keeping, and included : "Pair of silver Challenge Cups, presented by Peter White Thompson, 1846; pair of silver Challenge Sculls (in mahogany case), presented by Thos. Callaway Junior, 1846; pair of gold (?) Challenge Oars (in two leather-covered cases), presented by Thomas Evans, 1846."

The Silver Sculls and Challenge Cups are still in existence and are proudly displayed at Boat Club functions. These trophies provide further proof that active oarsmen were present at Guy's in the 1840s.

Guy's First Inter-Hospital Race, 1847

From Mr. Hudson's article we learn of the first Inter-Hospital Race between Bart's and Guy's, which took place in 1847. "It seems to have been quite an occasion, for the bank was thronged with spectators, including many eminent medical men on horseback, and the river was full of craft, mostly cutters from the existing clubs, including Leander and the Guards, who had come to watch the race. It must have been quite thrilling, and was over a course from Putney to Chiswick Eyot. At Searle's Boat House, Bart's led Guy's by $1\frac{1}{2}$ lengths. However, at Hammersmith, Guy's were leading by 5 lengths when their ' 2 ' broke his thoul (sic), and Bart's began to catch up, until at the finish they just got in by half a length. The umpire on this occasion was Mr. Chapman, the Champion Sculler."

Next year (1848), over the same course, it was Guy's turn to have an early lead, but Bart's rowed past and won by $2\frac{1}{2}$ lengths.

1860's

I can find no mention of rowing at Guy's in the 1850's, but on the 12th April, 1862 (p. 396) the "Lancet" contained the following editorial :—

"**Guy's Hospital.** The honours of the Thames were not always confined to the two Universities. Many years ago a very strong club—the ' Guy's Boat Club '—showed their laurels, and was at one time the strongest on the river. We are glad to hear that the long-dormant boating talent of the medical students is again aroused, and this year the ' Guy's Club ' bids fair to take its old place. On the 29th ult. a very crowded meeting was held in the Club House, Cooper Forster, Esq., F.R.C.S., in the Chair. The accounts were proved to be in a

very prosperous condition. A prize crew was told off, with Mr. Monson Hills as coxswain, and Mr. Soper as stroke. All the preliminaries were gone through for commencing the season, which, it is hoped, will be a successful one."

Whether the season was successful or not, we shall probably never know, for I can find no further reports regarding the activities of the re-formed Club in 1862. However, in 1905, an interesting letter of reminiscences by Sir George Savage appeared in the "Gazette" (7th October). From this and from a subsequent letter from the same author (7th August, 1920), we learn a little more of the activities of the Club in the 1860's. The 1920 letter is worth quoting in its entirety :

"As one of the few survivors of the old Guy's Boat Club I send you a few notes.

"I was a member in the years 1863 and 1864 as far as I can remember. Cooper Forster was the President, and took a very deep interest in the Club, as I believe did Mr. Cock. When I was a more or less active member, T. A. Buck, still living, a former Captain of the Boats at Eton, was captain ; there was also Owen Coleman, also surviving, a junior to us but a member of the Kingston Rowing Club; there was a Barrett, and Davies-Colley, Fagge and Stevenson were members also. The boathouse was at Putney, and we had an outrigger sculling boat and a four-oar, and, at all events, the use of an eight-oar.

"We had rather before 1862 entered at Henley, I believe, for four-oared boats. Cooper Forster used to cox an eight-oar up to Richmond, give them dinner, and make them row him back to Putney. In my time there were some so-called Diamond Sculls, and my impression is that they were won by Davies-Colley.

"I trained and rowed in an eight, and I shall not forget the state of exhaustion I was in at the end of a very hot day. I recall an amusing incident. An eight was judging a four-oared race, and somehow the cox was too intent on the race and the bow of the eight passed partly under the sloping stern of a barge; two members of the eight were for escaping on to the barge, but the captain, regardless of the fact that the two were junior members of the staff, made rude remarks about their eyes and told them to sit down and back water. They did this and so ended the trouble. At that time we had several Oxford men who were interested in rowing. One was A. B. Shephard, whose brother Bob was stroke of the Brazenose boat and rowed in the 'Varsity race. Shephard was a good coach, and, like many such, his language was often strong. I was told that I never pulled my weight—in fact, I was hardly worth the fraction of a damn. And now I have had my say."

Mr. Cooper Forster

Cooper Forster must have been a cox in a million to provide dinner for the entire crew, though the row back from Richmond to Putney (an eight-mile stretch of the river Guy's oarsmen know very well) must have been far from comfortable.

"Captain, Oriel College" mentions eight-oared races between Bart's and Guy's, which took place in the 1860's. He remembers that on "the day before the last eight-oared race between Bart's and Guy's, I was requested to row, out of training, from Putney to Hammersmith Bridge, as otherwise Guy's would have to withdraw. I rowed four behind Mr. Davies Colley, who rowed five." Seven out of the eight hailed from either Oxford or Cambridge and they were beaten by about half-a-length, "which loss I think might safely be debited to myself".

One presumes that this race took place in about 1866 or thereabouts, when the writer had come to Guy's from Oxford University.

Tom Bird (21st August, 1920) adds to our picture of Mr. Cooper Forster as a most thoughtful coach. On the occasion of "the last or last-but-one" eight-oared races against Bart's, "in the sixties (I think '67 or '68), Mr. Cooper Forster promised me to be at the winning (to us it was a losing) post, with a silver cup full of champagne, and I was to have first pull. He did, and I did."

1870's

On 23rd September, 1925, C. J. W. Pinching, who had been Captain of Boats in 1870, wrote to the "Gazette". He pointed out certain mistakes in the recollections of the earlier writers regarding the last eight-oared race with Bart's, which he stated took place in 1870, and resulted in a win for Guy's, "which win was celebrated by the then 'Residents' by the presentation of a cup to the 'Rooms'. If this cup is still in existence, the names of the winning crew are engraved thereon, only three of their number hailing from Oxford and Cambridge".

The Editor of the "Gazette" added the following words to the letter: "The cup mentioned by Dr. Pinching still exists in the Dressers' Room, though the date on it is different to the one he mentions. A large beaker, which originally boasted three handles but has now only two, adorns the dressers' supper-table every night, filled with beer. The inscription is: Guy's v. St. Bartholomew's Hospital. Eight-Oared Race. 22nd June, 1871. Guy's won by $\frac{1}{4}$ length. Winning crew: 1, E. S. Robson; 2, C. E. Atkin; 3, H. Cotton; 4, E. Borill; 5, W. C. S. Clapham; 6, C. W. Pinching; 7, E. Amplett; Stroke, W. J. Powell; Cox, W. Paley.

From the Bart's "Journal", we learn that no Inter-Hospital race was rowed in Eights from this date until the 1920's, and that on this occasion in 1871 the umpire, Mr. H. H. Playford, was carried in a London Rowing Club Twelve.

William E. Dring wrote ("Gazette", 4th September, 1920) that he thought the old Guy's Boat Club had ceased to exist soon after 1872. "I remember going down to Putney to see our crew train for the race against Bart's I think in '72. Bart's as far as memory carries me was stroked by S. D. Darbishire, the well-known Oxford Stroke. In our boat was E. O. Day, H. Cotton, Amphlete, and, I believe, W. E. Paby was cox. I know we won, much to Darbishire's disgust. I think the reason the Club went under was on account of the distance and trouble getting down, though in '72 there must have been a goodly number belonging to the Club."

The quality of the Bart's opposition can be judged by the fact that S. D. Darbishire not only stroked the Oxford boat, but in 1869 stroked an Oxford four which raced against Harvard University on the Thames in what was known as the International Boat Race. Oxford won this and must therefore have been deemed one of the finest crews in the world at that time.

1880's

Rowing at Guy's then seems to have lapsed from 1872 until 1887, when the Club was re-formed.

Mr. Walter C. Swayne, writing in the "Gazettte" of 7th August, 1920, tells us that the "Boating Club" was "re-founded after a lapse of some years in 1887. Mr. J. N. C. Davies Colley was President, Mr. E. J. D. Mitchell Captain, Mr. A. G. Bowen Secretary, and Mr. Walter C. Swayne Treasurer." Arthur Allport (18th September, 1920), informs us that, "the revival of the Guy's Rowing Club in 1887, was due to the keenness of A. G Bowen and particularly to Walter Swayne, whose persistence in the matter of getting crews down to the river was relentless. Had there been no Walter Swayne I think we should have fizzled out. He never left us alone."

The "Gazette" of 11th June, 1887, states : "The Rowing Club is now in full swing again at Putney, a result chiefly due to the exertions of Swayne and Allport. The Inter-hospital Fours are rowed on the 17th (heats) and 24th (final), from Putney to Hammersmith. One four—though we have not yet been together as much as could be wished, chiefly owing to the difficulty experienced in finding an efficient bow—is out every evening and will probably consist of :— E. J. Mitchell (stroke), A. Allport (3), Bertie Whyte (2), and W. Winslow or W. C. Swayne (bow)." (W. C. Swayne later (7th August, 1920) wrote that the crew consisted of Whyte, Allport, Mitchell and R. J. Roberts, and one other whose name he could not remember.) "The Old West London Boathouse is now owned by the United Hospital Rowing Club and they let part of the building to us."

It appears that this four had no success, for on 25th June we read : "In the third heat Middlesex (the holders of the Cup) won pretty much as they pleased from our men, who, though they did their utmost, were evidently suffering from lack of training."

However, they could find some consolation from the fact that the Middlesex Hospital went on to win the final and retain the Cup.

United Hospital Rowing Club, 1888

On 27th February, 1888, a General Meeting of the United Hospital Rowing Club was held at King's College Hospital. Guy's were represented, as were Bart's, Thomas's, King's, St. George's, the Middlesex and St. Mary's. The Treasurer "was able to show a balance in hand of £14 10s. 0d. He reported that arrangements had been made with Messrs. Thompson and Bowers, of the West London Boathouse, Putney, by which the U.H.R.C. obtained an additional room at the same rent as was paid for two rooms last year, and five hospitals gave notice that they wished to be tenants under the United." These included Guy's.

The representatives at the meeting also contemplated forming a crew to represent the United Hospitals at some of the regattas that year. With this in mind, W. C. Swayne, obviously an ardent Guy's rowing enthusiast, wrote a letter to the "Gazette" on 3rd March, 1888, requesting any men interested to give their names to A. J. Bowen, A. Allport or himself. He added, possibly as an attraction, that "the colours of the United Hospitals are dark red blazer with white silk edge, and crest on pocket, and dark red cap with crest". The members must surely have "cut a dash" at the up-river regattas.

In the "Gazette' of 17th March, 1888, a report of the A.G.M. held on 6th March of that year appears. Mr. N. C. Davies Colley was in the Chair and the thirty members present received the Treasurer's report, which must have been rather glum as the club showed a deficit of 1s. 8d., even though active members paid a subscription of 10s. 6d., and so-called Honorary Members 5s. The following were then elected Officers for the year : President, N. C. Davies Colley, Esq.; Captain, E. M. Pilcher; Hon. Secretary and Treasurer, W. C. Swayne. Eight members were elected to the committee; Messrs. A. E. Durham and W. Blight (first year), A. Allport and S. Infield (second year), A. G. W. Bowen, R. A. Bremner, E. J. D. Mitchell, and A. S. Taylor (senior years). Several well-known Guy's names are among this group.

In the Spring of 1888, Guy's oarsmen began their training for the Inter-hospital race, and with several good oarsmen available, hopes were at first high. It is interesting to note that many of the faults that were present in Guy's oarsmen then are still present today. A report in the "Gazette" of 12th May, 1888, states : "With regular work the above (crew) ought to be a fast crew, their worst faults being unsteady sliding by one or two members and lateness in getting their leg work on."

However, training for the Inter-hospital race was marred by a series of catastrophies, not least being the fact that the Captain and stroke, Pilcher, was detained in Cambridge for exams and could not row. The four was therefore rearranged at the last minute and consisted of W. C. Swayne (10 st. 5 lbs.), A. Allport (12 st. 10 lbs.), F. G. Swayne (12 st.), A. Ellis Durham (10 st. 8 lbs., stroke), E. S. Warts (8 st., cox). It is interesting to note that both F. G. Swayne and A. Allport were Rugby internationals. This was surely a fairly heavy crew for those days, and despite the final rearrangements they put up a good showing in their heat, leading St. George's (the favourites) and Bart's all the way to the last 300 yards, when the evidently well-trained St. George's four inched past to beat them. A full report of this exciting race appears in the "Gazette" of 23rd June, 1888.

Swayne's "Raws"

Arthur Allport, one of Guy's greatest sportsmen, later wrote to the "Gazette" on 18th September, 1920, enlarging on this race : "Two days before the race, if I remember rightly, our captain, Pilcher, was prevented from rowing by some examination troubles which called him to Cambridge. Rather than scratch from the race, W. C. Swayne undertook to occupy Pilcher's thwart. He was more or less

handicapped by the fact of never having rowed on a sliding seat before; his enthusiasm, however, did not stick at a trifle like this. He had two days' practice before him, and during the first he rowed holes in his shorts, during the second he rowed holes in his skin, and during the race he rowed through a good portion of the subcutaneous tissue of his buttocks. He finished sitting in a pool of blood. Had the race finished at Barnes Bridge instead of Hammersmith, he would probably have worn right through his Glutei Maximi, for nothing short of being through to the actual bones would have stopped Swayne from continuing to pull his oar."

Molesey Regatta, 1888

Later that summer a four represented Guy's at Molesey Regatta, where they put up a very poor performance, coming last. Their excuses were numerous and the reporter in the "Gazette" used the occasion to make a plea for the plight of Guy's oarsmen, who at this time obviously had to finance themselves entirely. "The boat was bought (by the members themselves for £5) the Wednesday before the race so there was hardly sufficient time for the men to get used to her. We are requested to state that this venture cost the crew £10 (a not inconsiderable sum in those days), and we entirely sympathise with them when they complain of the large sums of money annually collected for the Athletic sports, while to appear in public the boat club has to depend on those who represent it; not merely to defray the expenses of racing, but even to purchase a tolerable craft to row in."

Allport tells us that the boat "was warped into a semi-lunar or crescentic shape, which gave her an unfortunate tendency to go round in a circle. We had no available cox at Guy's, so borrowed Madge from Middlesex, who, being a man of resource, rigged up some arrangement whereby he could keep the rudder at right angles against the curve of the boat. This did not improve our pace and each stroke opened various seams, letting in little jets of water, which closed up again—thank goodness— in between the strokes. We nearly sank before the race was out. After the race I asked the late Jimmy Hastie (probably one of the best judges of rowing who ever lived) what he thought of the crew. He replied diplomatically, that he gave us every credit for good intentions."

However, despite their misery on losing and their crippling financial burdens it appears that our Guy's representatives should have enjoyed themselves, for the beauty and gentility of such regattas were notable in those days. Our reporter writes: "The regatta itself was a beautiful sight, the river being graced—almost to the discomfort of those competing—with bright frocks and red parasols, while on a riverside lawn, lent to the regatta committee by a lady resident, refreshments were laid out and bands played for the enjoyment of visitors, the competitors and their friends."

Pender Smith

An earlier letter (23rd September, 1905) from Arthur Allport, who rowed in the Thames R.C. Grand VIII, played Rugby football for England, and was a famous amateur heavyweight boxer, provides us with further information about events in 1888.

"We finished up the season with some scratch fours, into which all sorts of men were pressed, who had never rowed in a race of any description before. I forget the details of the races, but remember that in the final a dead-heat resulted between the boats. One of them was stroked by Pender Smith, who had started at a stroke of forty, quickened up to forty-four, and spurted at the finish up to somewhere between fifty and sixty. It was a marvellous exhibition. His crew was helped ashore in a more or less comatose condition, and were laid out gently in the dressing room. Darkness was setting in and Swayne informed them that in order to get the matter settled, they would have to row the race again within half-an-hour, as otherwise the Club would have to bear the expense of hiring the boats on another day.

Pender Smith called upon his men in terse and pungent language, to get downstairs and into their boat. They one and all made it quite clear to him in similar language that they would see him and everybody else to many kinds of distant places before they were induced to again enter a boat of any description whatever so long as they lived. Pender Smith gathered his clothes together with dignity, and saying "Mutiny, my God," stalked from the room with indignation.

Allport's memory, however, played tricks on him, for in a later letter, 18th September, 1920), the four's race became a pair-oared race, and Harry Jordan, "one of the prettiest and most dangerous three-quarter backs who ever played for Wales", the mutinous oarsman.

Shortage of Coxswains

Frequently during these early days mention is made in the "Gazettes" of the Club's difficulty in finding coxswains for its crews. In the "Gazette" of 25th May, 1889, there is a typical example: "A crew will be entered for the Inter-hospital Challenge Cup as in the two previous years. The following crew is at present in practice: Bow, A. Ellis Durham; 2, H. Cooper; 3, H. E. Durham; stroke, E. M. Pilcher; cox, ——. It will be noticed by the blank following the word cox that there is a vacancy for an eligible young medical of light weight. After the publication of this we hope to have numerous offers; it would certainly be a blot upon the *esprit de corps* of the hospital if this year's crew were prevented from rowing for want of a cox."

Whether a cox was ever found we shall probably never know, for there is no report on the regatta in the "Gazette". It appears the Club again suffered a lean period—a very lean period—for there is no mention of it in our source books after the report of the 1889 A.G.M. until 1920. At this A.G.M. in 1889 "the following gentlemen

were elected: President—Mr. Davies Colley; Captain—H. E. Durham; Hon. Secretary—A. Ellis Durham; Treasurer—E. M. Pilcher."

On the formation of the Guy's Hospital Clubs' Union in 1891, there is no mention of the Boat Club as one of the constituent institutions, which included all other activities from the Rugby Football Club to the Prayer Union.

Difficulties of Rowing in London

However, the letters to the "Gazette" in 1905 stimulated "Passim" to call for the rebirth of rowing at Guy's. The writer obviously had a great respect for it as a sport : "At the Universities, of all forms of sport rowing has always occupied pride of place. Not only is it the best form of exercise, demanding a perfect combination of skill and endurance, but it lends itself so especially to the elements of contest." The many difficulties of rowing in London, especially for the busy medical student were admitted: "There are, of course, many difficulties in the way. The expense is great and medical students are not rich. The demand on time is also great, and the emergencies of modern medicine and modern surgery, too, are not such as to allow of very regular practice. Now a man may play in a cricket team twice and miss the third match and do no great harm, but if a crew is to make progress there must be no changes. For both these reasons, hospital rowing must always be difficult to maintain, but not, we think, impossible."

These difficulties still exist, and must certainly account for the periods of inactivity in the Club. It never ceases to surprise me how active the Club has been in recent years; great enthusiasm is required on the part of the oarsmen.

125th ANNIVERSARY DINNER-DANCE

Saturday, 13th December

Hyde Park Hotel

Dancing to a Band and Group with a Cabaret and Tombola.

Tickets from the Social Secretary, Guy's Boat Club, Guy's Hospital.

6 gns Double (5 gns for students)

THE EARLY EVOLUTION OF ROWING

by

Gordon Jackson

Gordon Jackson is a present member of the First Eight. He came to us from Sidney Sussex College, Cambridge, where he was Vice-Captain of Boats.

Rowing, as a human activity, has its origins in pre-history, when man first took to the water in boats. Rowing as a sport has its origins in England—like all the best sports. The oldest prize in rowing is the "Doggetts Cap and Badge," founded by a philanthropic actor, Henry Doggett, for competition amongst Thames' Lightermen; it was first competed for on the first of August, 1716. This race is something of a curiosity though, for the evolution of rowing, generally, owes most to those three great pillars of Britannia, Eton, Oxford and Cambridge.

" Boating " first started at Eton in 1793, with subsequent activity on the waters of the Isis and the Cam in the early part of the nineteenth century. In those days it was all a somewhat haphazard business, with four-oared, six-oared and eight-oared boats all competing against each other. In 1827 Trinity College, Cambridge, even introduced a ten-oared boat. Probably the most important factor in the adoption of the Eight as the main rowing class came when the two Universities held a race, against one another, in Eights at Henley in 1829. This was the first Boat Race.

The boats that were used then bore more relation to a whaler than to a modern racing eight. Not only were they much larger and heavier, but also there were no outriggers and no sliding seats. The oars were also different, about a foot shorter overall, with a much longer and thinner blade to be buried in the water. The oarsmen did not sit in a straight line down the middle of the boat, but each man sat at the side of the boat, as far away from his rowlock as possible.

As the nineteenth century progressed, racing boats became lighter with lower sides, but the first major innovation was the use of outriggers. These were first used on sculling boats in 1845. T. B. Bumstead, a renowned sculler of his day, had the misfortune to defend the Diamond Sculls at Henley Regatta against a gentleman from Oxford who had outriggers on his boat. Conant, the Oxfordian, drew over a length ahead of Bumpstead in the first ten strokes, whereupon Bumpstead ". . . fairly turned round in his thwart to see what had become of him ". This convincing display of the worth of

outriggers led to their swift acceptance, and they were used by both University Eights in the Boat Race of 1846.

The next major development was not a product of the dreaming spires, but rather of the gritty northern commonsense of the newly-formed Chester Rowing Club. In 1856, Mr. Littledale, who founded this club, prevailed upon a local builder, Mat Taylor, to build a racing boat of an entirely new construction. Instead of being clinker built from a keel, this boat was simply a wooden skin on a space-frame. In fact it was the first modern "Shell' boat. This boat was not only lighter than its predecessors, but also of much narrower beam, so that it was very difficult to balance. It is recorded that when the Chester crew went to Henley that year " . . . her crew could not clear the water, they splashed and slobbered it all the way, and the University men and Argonauts sneered at them for their slovenliness. But when it came to Racing, Chester rowed clean away for the Grand Challenge Cup . . . " Oxford University ceased to sneer. The following year they not only hired Mat Taylor to build them a similar boat, but also had him stroke the boat during training "to teach the art of catching hold at the beginning of the stroke".

The sliding seat, the last of the really major differences between early and present day boats, was introduced in the late 1860's. Jesus College, Cambridge, used a boat with sliding seats in the May Races of 1870. After Jesus had overwhelmingly demonstrated their superiority, sliding seats were immediately deemed to be unfair, and were banned from the Cam. Jesus retaliated the next year by having their boatman build a boat with extended beechwood planks for seats. These planks were polished with French chalk, and the oarsmen slid up and down them, wearing two pairs of stout linen rowing shorts.

Sliding seats were not accepted by both University crews until 1873, when they were used by both crews in the boat race. The adoption of slides probably shows the conservative aspect of British rowing at its revisionist best. The coaches of the day regarded them as a necessary evil rather than an aid to speed. As late as 1909, Edmond Warre is concerned lest ". . . the cult of the slide is allowed to obscure the ideal of first-class oarsmanship". One thing that forced British rowing to accept the slide was the first tentative draught of competition from abroad. The first important prize to go abroad was the Diamond Sculls, which went back to Amsterdam with J. K. K. Ooms in 1892.

Since the early part of this century, boats have not altered a great deal. They have become still lighter and narrower as boat building techniques have improved. Perhaps the most significant recent change is from the earlier thin bladed oar to the modern "spade". Even this is not entirely new, very similar oars having had a short vogue around 1905.

In the same way as boats have changed, so the modern oarsman is very different from the young regency gentleman disporting himself on the water. When that first Boat Race was rowed in 1829, the sanctity of athletics, like the sanctity of Queen Victoria, had yet to be appreciated by the English. However, those first University oars-

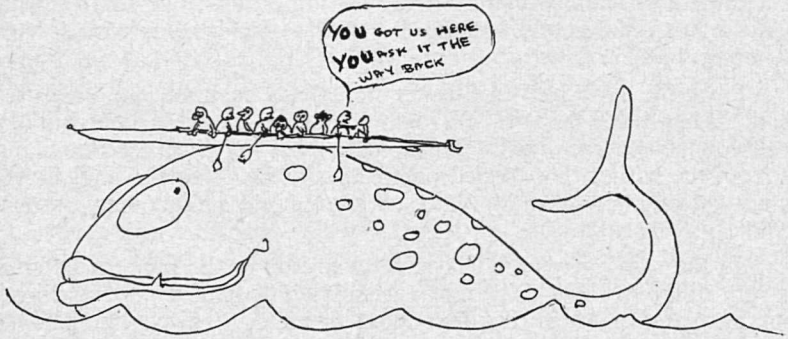
men were to become a shining light, for as a later account relates: "Never has the doctrine of Muscular Christianity been more happily exemplified. The Oxford No. 4 became Bishop of St. Andrew's; No. 5 a prebendary of York; No. 6 Dean of Norwich; No. 7 Rector of Tunstall; Stroke, Rector of Bolton; and Cox, Dean of Ripon and author of various works on divinity".

Though these divine young men may have been worthier in spirit than today's oarsmen, they were certainly lighter in weight. The weights of the University crews of 1841 are the first recorded; the winning Cambridge crew had an average weight of 11 stone 6 lbs., to their opponents' 11 stone 4 lbs. (For comparison, the 1969 University of London crew had an average weight of 13 stone 13 lbs.)

Nineteenth century rowing not only had its amateur races, but professional ones as well. This tended to build up an iconoclastic gentleman—amateur tradition, which certainly lasted until after the second World War when the A.R.A. swept the last traces of class distinction from its books.

The story is told of an American by the name of Jack Kelly, who became the first man to win three Olympic gold medals for rowing. When he entered for the Diamond Sculls, he was unwise enough to list his profession as "Builder"; he was considered of insufficient social standing to row (ironical, since his daughter is now Princess Grace of Manaco.)

Modern rowing is now like other sports, getting to be a full-time occupation, but experimentation is still carrying on. Most development is into training methods, but people argue as much now about the design of boats as they ever did.



MODERN INTERNATIONAL ROWING

by

Tim Kirk

Tim Kirk, a recently qualified dentist, learned to cox at Guy's. After two years with the Guy's Boat Club he joined the University of London and with them he represented Great Britain in the Olympic Games in Mexico, and in the European Championships this summer.

To many, the yearly Oxford and Cambridge boat race is the epitome of English rowing, and coupled with the strawberries and cream Henley, sums up the Englishman's knowledge of the rowing scene. However, this is not the whole story, and international rowing at championship level is as far from this as hickory shafts and plus fours are from the golfing circuit today.

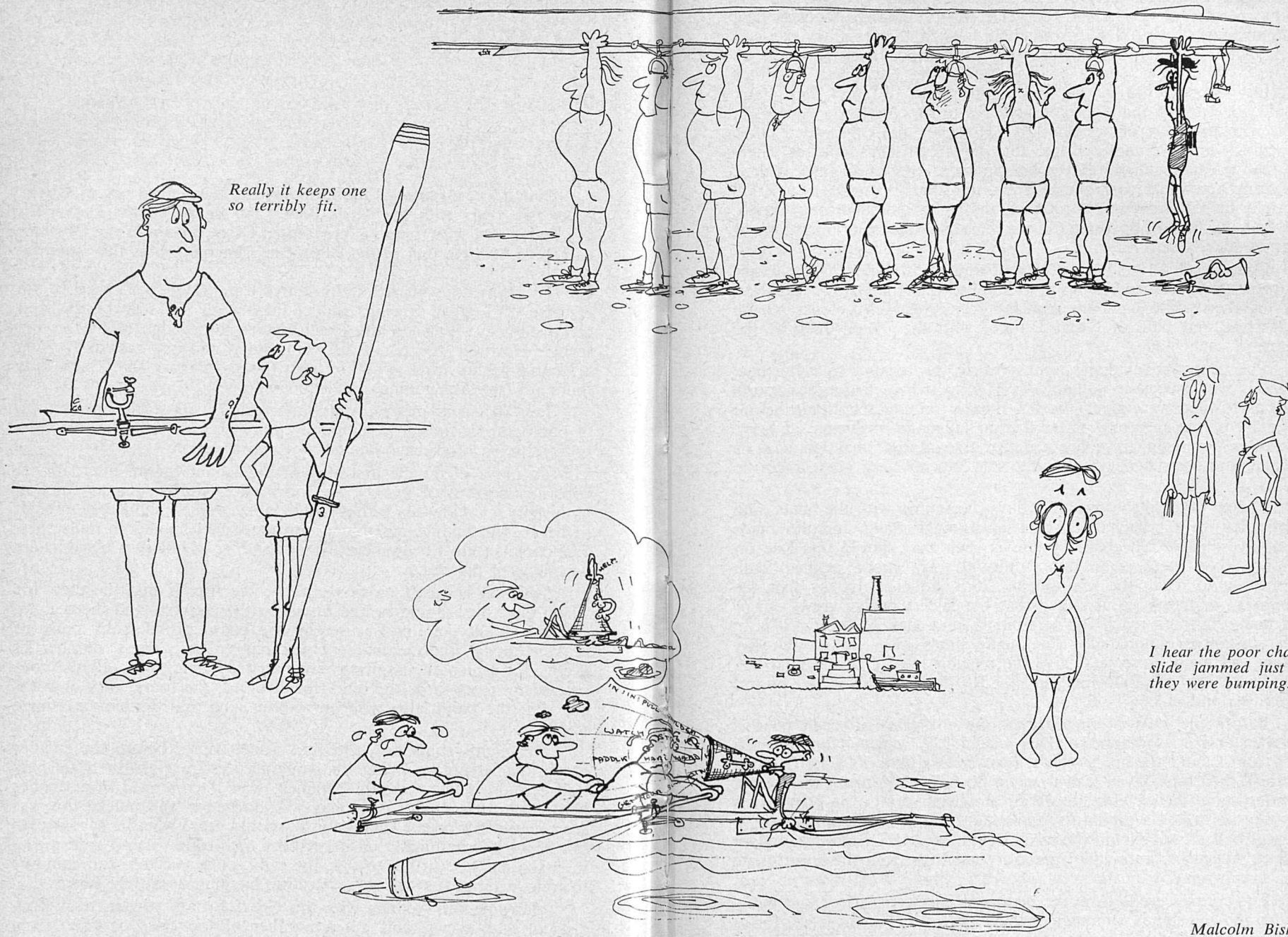
Two thousand metres, multi-lane racing, with a high percentage of photographic finishes, is infinitely more exciting than the two-crew procession so often encountered at English regattas.

To move on to the first step of the ladder for an international cup, membership of one of the top rowing clubs, such as London University or Tideway Scullers, must be attained; it is not enough to be an outstanding individual, surrounded by mediocre millstones. The oarsman must be sufficiently outstanding to obtain a place in the first crew of the club.

Selection is based on two criteria; the first is that the crew for which one rows should be the fastest in the country, and the second, that the qualifying time, as set by the board of selectors, must be broken during international competitions. There are a number of events for which the aspiring oarsman may enter: the eights, considered by most to be the blue riband event; the fours, with or without cox; the pairs, also with or without cox; and double and single sculls.

The eights trials are held first, some weeks before the smaller boats, the advantage being that an unsuccessful eight in trials may well contain many powerful oarsmen, who if combined in a smaller boat, such as a four or pair, may well do better, and indeed this was seen in the European Championships this year, where two oarsmen out of an internationally unsuccessful Czech eight, won a gold medal in coxed pairs. Further to this, the eight, once selected, can continue to train without the worry of selection hanging over their heads.

Many people wonder why the Great Britain rowing team consists of club crews, and not a number of top class oarsmen from differing clubs, moulded into a composite crew. The difficulties are


Really it keeps one so terribly fit.
I hear the poor chap's slide jammed just as they were bumping. . .
Malcolm Bishop

two-fold; there is neither enough money to bring oarsmen from various parts of the country to a national training centre, nor a national training centre to bring them to. The West German authorities flew their oarsmen, every week, from their jobs to the training lake and back again, so that the correct sort of composite crew could be formed. The crew won a gold medal in the Olympics. Another difficulty encountered is that inter-club rivalry is such that many would not want to abandon club loyalties to row for just a composite crew with members of a rival club. However, until these and other difficulties are overcome, I feel that Great Britain's role as international medal winners, at present anyway, are far from a reality, although news has just been announced that Britain's first 2,000 metre course is under construction, and a National Rowing Coach, the first, has been appointed, so maybe now we are in a position to look to the future.

Once selection has been achieved, training is helped by the establishment of a week-end camp at Henley so that the British team can get together. The oars are changed from the club colours to the red, white and blue of Great Britain, with the Union Jack at the centre of each blade.

The team arrives some weeks before the regatta, to aclimatise, and this was especially valuable in Mexico, where endurance sports such as rowing, were given the full month training at altitude before the start of the regatta. There are no language problems; at least, as far as the racing is concerned, for the international language is French, and commands, such as the start, do not need great linguistic ability.

Racing takes place over five days, beginning with the heats, and continuing with repechages, semi-finals, petite finals and the finals themselves. The repechage system is such that should one lose on the first day, there is an opportunity to race again, against fresh opposition to reach the semi-finals. It is sufficient to say that the repechage system is so arranged that the fastest twelve crews out of the many entrants reach the semi-finals, and luck of the draw is in most instances eliminated. The petite finals are held on the day before the main finals, and give the placings 12—7 in the final list. The finals, held the following day, are for the gold, silver and bronze medallists and places 4—6.

Before the start of the regatta, the coxswain of each boat is weighed and photographed. This weighing is repeated before each race, and should the cox's weight register less than 50 kilos (7 stone 12 lbs.), then he is given lead to carry, to bring him up to the correct standard, and the weights he carries are checked into the boat. It is not unusual to see a diminutive cox staggering to the boat dragging a sack of ballast, but should the cox's weight exceed 50 kilos, the reader will be relieved to know that pieces are not lopped off the unfortunate cox, except maybe by the crew who carry him!

The courses used are in the main specially constructed and many having moving stands running alongside the water. For those less fortunate, internal television covers the racing in the other stands, and time

sheets produced after each race showing positions and times at the various stages over the 2,000 metres, allow the spectators to compare and contrast the crews, increasing the excitement and build-up to the finals, and speculation runs high as to who will collect the medals.

The types of boats used, are of interest for there is no specification as to length, size or weight, as for instance in international canoeing, and racing boats are constantly being redesigned; coxed pairs for instance are now built with the cox lying on his back in the bows, steering by looking between his feet.

In 1968 the West German eight was not moving as fast as expected early in the season, and as the Olympics approached they became increasingly worried. Karl Adam, their coach, felt that if he could find 4 seconds over the 2000 metres he could win the gold medal. The boat they were using weighed 145 kilos, he calculated that a boat weighing 40 kilos less would give his crew the required seconds. At the Moln shop of Karlish a new light boat was designed, which was to cost £3,000. This money was a contributory factor towards the attainment of the gold medal.

I hope, in the small space available, I have been able to show something of how international rowing is conducted and how it differs in some ways from the traditional, blue view.

The Captain's Cry

We would like to see as many former members as possible at the Dinner-Dance on the 13th December. It would be a great encouragement to the present members, nearly fifty of whom will be rowing in the U.H. Regatta next Wednesday and five crews in the U.L. Winter Eights soon after. Fortunately, we can borrow boats as we only have two such shells ourselves and seem likely to remain in that state. We are not as yet reduced to hiring boats on the Serpentine.

All in all we seem to have the national scourge of being in debt, and over-extended. We row from the start of September to the end of July, and too many people seem willing to trek down to Chiswick to get wet, tired and cold. What can we do? We are trying to raise money by an appeal, the Dinner-Dance, and passionate cries to the Clubs' Union, who seem to be short of money themselves. We are attempting, early in April, a sponsored row of 110 miles from Oxford to London in under 20 hours. Other things are planned if we have any strength left.

Perhaps people will look back at '69-70 and say they were active, they had troubles but the spirit to tackle them, and most of all that it was a good year.

OBITUARY

NILS ECKHOFF

It is sad to recall that barely two years have elapsed since Nils Eckhoff left us to enjoy, we all hoped, a well-earned retirement. But this was not to be for, like many before him he paid the sacrifice for his devotion to Guy's and his patients.

Nils was born of Norwegian parents and was educated in South Africa at Durban High School and Natal University. He came to Guy's as a medical student in 1920 and at the early age of 21 he passed the Conjoint Diploma followed, in 1925, by the Primary and Final examinations of the F.R.C.S. of England, two years in advance of the age of 25 when he was entitled to be awarded the Fellowship. While holding the post of Surgical Registrar from January, 1926 to December, 1930, he realised that without the London M.B. he would be unable to take the London M.S., a degree that was essential should he wish to apply for the best surgical appointments. So, with great courage and determination, he returned to the text-books and passed all the M.B. examinations, followed by the M.S. in 1928—at the age of 26. From January, 1931 to December, 1933 he was demonstrator in the Department of Anatomy and he was then appointed Assistant Surgeon, becoming Full Surgeon in 1946. When he retired, in the summer of 1967, he was Senior Surgeon.

During his career as a surgeon, he was noted for his fine surgical technique and meticulous care in the handling of tissues. He was highly regarded by his patients whom he looked after with the generous conscientiousness that was an outstanding feature of his life as a surgeon. Although Nils was essentially a general surgeon, it was not surprising that he developed a special interest in Plastic Surgery and from 1940 to 1958 he was on the Staff of the Queen Victoria Hospital, East Grinstead, and at Guy's he was appointed Plastic Surgeon to the Hospital.

But it was not only as a surgeon that Nils contributed so fully to the Hospital and Medical School. He was an outstanding teacher and his easy manner and quiet humour in the ward and operating theatre made him well-liked by the students. He took a great interest in student activities and in the Clubs' Union, of which he was Treasurer for many years, finally being invited to resign so that he could hold the office of President during his last year on the Staff. He was President of the Golf and Rifle Clubs for long periods and was himself an accomplished golfer and shot. Many of us will recall the enjoyable matches he arranged between the Staff and Students. Few have made such a generous contribution to the Hospital and to student activities. He was, indeed, a great "Guy's man". We join his wife, Audrey, and his son and daughter, in mourning the passing of this quiet, modest man who gave so much to Guy's.

MISS IVY G. DELAMARE

On 27th October, Guy's suffered another sad break with the past when Miss Delamere died after a long illness, during which she preserved her natural calmness and cheerfulness. Miss Delamere came to Guy's on 27th September, 1920, as personal secretary to Professor T. B. Johnston, who was then Professor of Anatomy and Dean of the Medical School. She was young and looked somewhat frail so that many thought she would not be able to stand up to the hard work required of her, but she thrived on hard work and responsibility and was seldom ill.

On 1st April, 1938, when Professor Johnston took over from Sir Herbert Eason as Superintendent of the Hospital, Miss Delamere moved with him and became the Superintendent's secretary. With the outbreak of war in 1939, and the formation of the Emergency Medical Service, Professor Johnston became Group Officer in charge of Sector 10 (South East Region), with his headquarters at Boundary House, Orpington Hospital, and Miss Delamere went with him; as his secretary she had much to do with the efficient organisation of the Sector which was always very busy with air-raid casualties, and at the time of Dunkirk, the soldiers evacuated. She always had everything at her finger-tips.

At the end of the war Miss Delamere returned to Guy's, where she was secretary to Professor Johnston, Mr. Doherty and Mr. Blaikley in turn, as each held office as Superintendent. She came to know a great deal about the Hospital and its staff, and since she had a remarkable memory and shrewd observation, she was often consulted by senior members of the medical staff who wanted information or possibly wished to lodge a complaint. It was seldom that the enquirer went away other than better informed and happier in his mind.

Miss Delamere retired in March, 1960, having devoted her life and energies to the welfare of Guy's and its Superintendents, who owed much to her for her hard work and loyalty. She was always courteous, but always firm in her conception of what was right or wrong, so that as the years rolled on she became a very real personality in the Hospital. Her methodical and precise ways were the result of her early training by Professor Johnston, whom she much admired.

We extend our warm sympathy to the remaining members of her family.

J.B.B.

NOTICES

SOUTHWARK CATHEDRAL

Thursday, 4th December, 7.30 p.m.

Choral Music by Purcell and C. P. E. Bach.

Orchestral Music by Tchaikovsky, Mozart and Wagner.

Tickets: 5s. 0d. each (Send S.A.E.)

From: Ticket Secretary, Music Club, East Wing, Guy's Hospital, S.E.1.

PURE & SIMPLE, part two

PETER INWARD TRIO

Dance Floor, East Wing

November 26th, 7.30 p.m.

2/6.

CORRESPONDENCE

Tick or V.S.

SIR,—I have read in the *Gazette* the letter from Mr. J. W. Toplis, the Spirochaetes Captain, who complains of the non-attendance of players who have previously indicated their willingness to do so.

This prompts me to remind many of your readers of the glories of the Guy's Hospital Nomads of the 1930's. Players were *invited* to turn out. Exceptional skill in the game was not considered to be an essential. Members of the 1st XV thought it an honour to play when they had no fixture themselves. Refusals were rare.

The further away we had to go, the better. The longer the train journey, the more time for pontoon and beer. The fact that such-and-such a school, having filled us up with stew and treacle pudding, beat us by 30 points to nil, did not matter in the slightest. The result looked splendid in the school magazine, and we always had the long train journey back home. Though the standard of rugby football was never high, we forgot all about it at the annual dinner held at the Bridge House Restaurant under the Presidency of Mr. A. R. Thompson.

There was an annual Nomads v. Junior Staff match at Honor Oak Park, usually refereed by the Dean of the Medical School, Professor T. B. Johnston, who invariably played a sterling game on behalf of his colleagues.

I recall such names as H. C. Muirhead, S. A. Scorer, O. Ive, Louis Brown, E. R. R. Mellow, S. G. Wheeler, R. W. Stephenson and J. M. Robertson; together with such exalted performers as Windsor Lewis, Tom Morgan and J. R. F. Popplewell, and many others whose names now escape me.

I hope that they are all still with us and remember those splendid days.

Yours faithfully,

KEITH ROBSON.

The Keys,
Herstmonceaux,
Sussex.

London Dirt

SIR,—It is an observable fact that nurses travel to and from the hospital through the dust and dirt of London's rush hour, tube stations, buses, overground railways, etc., in their uniforms, the only item they change as far as I can see being white hats for black bonnets.

Since one would assume the purpose of a nurse's uniform is to keep as many germs and other unhygienic materials away from the patients as possible, this practice would seem a little odd.

May I, therefore, through the columns of your publication, inquire if I am incorrect in either the observations or deductions?

I remain, Sir, your humble servant,

CHARLES B. HOWARD
(2nd M.B. student).

10, Clapham Mansions,
Nightingale Lane,
London, S.W.4.

SPORT

SPORTS COMMENT

IS OUR SPORTS DAY TO DIE ?

Is Sports Day to die? As all the celebrations get under way to mark the 125th Anniversary of the Boat Club, it is worth reflecting on the fate of another great Guy's sporting activity, our Sports Day. Although essentially for athletics, Sports Day was designed so that all Guy's people and local folk around H.O.P. could enjoy an open-air afternoon of sport, and light entertainment.

However, each year the burden of organization has fallen upon the athletic club, although receiving valuable assistance from Mr. B. Ross and the Medical School Office, its resources of manpower and money have been sorely stretched. The result has been a gradual running down of Sports Day. In particular, the equipment for the stalls is worn out, much is beyond repair. Also no large outlay for additional attractions can be afforded by just a single club. All this has been reflected by the gradual fall in attendance.

Now is the time for action; this is the time of the year when advance plans must be made. Unless there is inter-club co-operation over the organization of Sports Day, as there was years ago, it will disappear. With it, another fine aspect of Guy's sporting tradition dies. It may mean revamping the image, by having some form of folk festival; there are many possibilities, and the summertime is an excellent time for such entertainment. So wake up, action is called for now.

RUGBY

GUY'S v. OLD BLUES

1st November, 1969. At H.O.P.

Result: Guy's won by 40—0.

After three defeats away from home, Guy's returned to winning form with a convincing victory over the Old Blues by five goals, two penalty goals and three tries to nil.

Guy's attacked from the start and after ten minutes Elliot, who had an excellent game at centre, made a blind side break and passed to Barough who scored. Elliot's conversion hit the post. This was followed by twenty minutes play, during which Guy's wasted a lot of good ball by careless handling. But then, Elliot kicked a penalty goal from a wide angle and converted a try by Forbes which followed a good passing movement. Thus, Guy's led by 11 points at half time.

In the second half the Guy's pack took control of the game, with Hey winning several heels against the head and the whole pack spoiling what possession the Old Blues did get. This resulted in Guy's crossing their opponents' line six more times, the tries being scored by Allen (2) Williams (2) Barough and Rowlands. Danford converted one of these and Elliot three, as well as kicking another penalty.

Fresher Martin Danford making his first XV debut, handled the ball well and was quite prepared to turn defence into attack by running. He also converted one of the tries.

Team: Danford, Ross (Capt.), Barough, Elliot, Morgan, Rowlands, Merret, Davies, Hey, Burlinson, Neville, Stuart, Allen, Williams, Forbes.

E. J. EVANS

GUY'S v. BEDFORD

8th November, 1969. At Bedford.

Result: Lost 15—22.

Both Bedford and Guy's showed changes for this game; Bedford because of the East Midlands match against South Africa and Guy's because of the unavailability of Price and Forbes. The latter two changes caused Sonning to appear on the right wing, and Addison, normally a prop forward, to come into

Medical Protection Society

Assets Exceed £500,000. Founded 1892.

" The first thing we do,
lets kill all the lawyers "

Shakespeare : King Henry VI Part II.

But killing lawyers is illegal. Some 50,000 doctors and dentists prefer to enjoy complete immunity from litigious patients through membership of the MEDICAL PROTECTION SOCIETY. Benefits include unlimited indemnity against costs and damages arising out of allegations of professional negligence.

All doctors working in N.H.S. hospitals are required to belong to a recognised protection organisation. This includes pre-registration appointments.

Students may arrange to join before qualifying at a reduced subscription of £2 0s. 0d. This may be paid up to three months *after* **qualifying, although full cover is automatic from the date of provisional registration.**

Full details from :

The Secretary, H. A. Constable, M.R.C.S., L.R.C.P.,
Medical Protection Society, 50, Hallam Street, London, W.1.

the second row, with Neville dropping back to No. 8. The slope of the pitch at Bedford always plays a significant part in a game, and on this occasion its effect was increased by a strong wind blowing in a parallel direction.

Bedford had the assistance of the above factors in the first half, and spent much of the time in and around the Hospital's "25". Guy's, in the face of these elements, looked lethargic and unconstructive. The home side made considerable use of their lively back row and constantly punched across the advantage line close to the scrum and at the back of the line-out. This form of penetration was poorly curtailed by the Hospital, and it was the basis of Bedford's scoring. The home side crossed the line on three occasions in the first half and added to their score with two penalties for infringements carelessly committed by the Hospital. The Hospital's defence was well served by some fine touch-kicking into the wind by Elliot, and following one sortie into the Bedford half, Ross fielded a mis-kicked clearance, was almost in, passed back to the former kicker, who neatly dropped a goal. The sides changed over at half-time with the Hospital 3—19 down.

Now with the slope and the wind in their favour, Guy's gained incentive, and straight from the re-commencement, were on the attack. The Hospital's first score of this half minimised that of the first half, when Ross almost forced a way through, was held up, and the ball came back to Elliot, who drop-kicked through the posts. More possession came Guy's way as Bedford now acquired a retarded appearance. From a good loose heel, Rowlands, who had been working hard throughout, kicked high and diagonally to the left. Ross was well up and from the mis-field of a defender, gathered the ball and ran in for a try The conversion attempt from far out, failed. Derisive mutterings began to emanate from the restless home supporters as Bedford's efforts seemed spent. Unfortunately for the Hospital, although they continued to have territorial advantage, too much possession was imprecisely won, or that obtained was carelessly utilised. Too often the pack heeled in the tight whilst on the retreat or having gained the ball in the line-out, poorly supervised its delivery to the scrum-half. In the rucks, the air above rather than the ball and ground below, seemed to attract too much attention. Attacking moves were infrequent, and those created were destroyed by over-commitment or poor handling. The Hospital could only add to their score by penalties kicked by Elliot, whilst Bedford on a rare advance into Guy's half, gathered the ball with ease from a line-out adjacent to the goal-line and ran over unopposed.

The Hospital had scored fifteen points against three in the second half, and it could have been that more rigid application throughout the game would have resulted in victory. Ross, Rowlands, Elliot, Hay and Davies all played hard, but their efforts were perhaps only the more obvious in the absence of a team effort.

Team: D. M. Danford, K. Sonnin, D. Barough, D. Elliot, J. Ross (capt.), B. Rowlands, D. Merret, J. Davies, G. Hey, R. Robinson, D. Stuart, A. Addison, P. Williams, C. Neville, N. Allen.

I. A. Baker.

BOXING CLUB

Three of our boxers went to Chelsea Town Hall, in order to assist Belsize B.C. in the annual fixture with Cambridge University. Two performed most creditably, but the third could not be matched with anyone, for some unknown reason.

Bob Herbert, gave the crowd something to shout about when he outpointed, a tough looking aggressive opponent. The first round began very quietly, but suddenly, it exploded and both men flung leather at each other fast and furiously; but it was Herbert's stamina that told in the end, and he finished very strongly to gain a valuable unanimous points victory.

Immediately following this contest, in stepped our other boxer, Peter Murdock, and he again maintained a 100 per cent record, by carrying on where he left off at Sandhurst and again winning a unanimous decision. A fight that Dick McTaggart would be proud to have seen.

Belsize then went on to win the show in fine style, and not even one decision went against them, a creditable performance for Belsize, and very encouraging for the future.

PLEASE NOTE, BOXING FANS!

Don't forget the show in the Pavey Gym, on Wednesday, 3rd December, at 8.00 p.m.—free admission.

*Mid-19th century dental cabinet and instruments by S. S. White. The cabinet is decorated with silver inlay and many of the instruments have ivory or mother-of-pearl handles and gold mounts. Presented to the British Dental Association by Wilmoth C. Mack, Chairman of the S. S. White Company, Philadelphia, U.S.A., it is now on display in the B.D.A. Museum, London, W.1.

Whilst it is true that your S. S. White Conservation Kit will bear little resemblance to this*, you may be sure that the craftsmanship of yesteryear is reflected today in the care taken to select for you the best of modern products at the most reasonable prices.

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HOCKEY

1969-70.

This season's results so far have proved to be somewhat of a paradox. In theory this should be an even better season than last year with many of last year's established players under pressure for their places from an unusually strong group of freshers. However, although the first XI is unbeaten, the club, as a whole, can only muster two wins against four drawn and eight lost matches.

In clubs with a fairly rapid turnover of players, such as is seen in hospital sport, it is of paramount importance to have a number of regular experienced players supporting the freshers who, despite their skill, need help to make the transition from school to club sport. This support can only occur if the teams play together regularly; constantly changing elevens are not teams and cannot hope for the same success as teams enjoy. A team's ability will exceed the sum of their individual abilities. This is where our paradox can be solved, given a little effort from those who either prefer to make themselves unavailable at the last moment, or just do not say whether they are available or not. There is an abundance of hockey skill in the hospital if only it could be harnessed into cohesive teams.

The training sessions, especially those with Ken Lockhead, have been extremely well supported, and it is clear that there is a great deal of enthusiasm within the club to produce good hockey given the right conditions. We can only hope that the few will make an effort to change their ways and make hockey much more enjoyable for everyone.

RAGG.

1st XI RESULTS.

11th—v. Maidstone 2—2.
18th—v. Teddington 0—0.
25th v. H.A.C. 3—1.

SQUASH

The squash season is now three weeks old, and with six matches played, the overall results of 2 wins, 2 draws and 2 losses, is encouraging. With a large number of fixtures this season, we are hoping that the match experience now being gained will benefit us later in the season.

Individual performances in the match against the Exiles, C. Enfield and E. Evans both played well, while in the match against the Baltic Exchange, J. Owen and A. Edwards proved their superior fitness over the opposition. The Cumberland Cup games have not been our greatest success, losing both to West London and St. Thomas's Hospital, but with some luck, the tide will turn and the team: *G. Stimpson, P. Collins, C. Enfield, B. Theo, A. Sutherland, may have a winning* streak.

The courts have now been repaired and various other improvements carried out, including repairs to the showers. I would like to remind all squash players about the practices on Wednesday afternoons, and the Squash Ladder, in both of which they may participate.

I. MACKENZIE,
Captain of Squash.

ASSOCIATION FOOTBALL

GUY'S v. WIMBLEDON 2nd XI

November 8th.

Result: Won 2—1.

Despite the obvious success of the Dental Ball the night before, Guy's appeared at Wimbledon at full strength on time, and won. After twenty minutes, a determined run by Fell led to a cross from Wilmer. It was accurately deflected into the net by Robert Clark, leaving the 'keeper bewildered and cross-legged. Just before half-time, hard running and good crossing from the opposi-

The Navy offers you Yellow fever, snake bites, Frostbite, Sunstroke, Malaria, Tropical Sores, Black Water Fever, the occasional scorpion sting, Sleeping Sickness (If you're lucky), Sandfly Fever, Elephantiasis, bullet wounds (now and again), Leprosy, Beri-Beri, Yaws, the odd shark bite, and painfully beautiful sunsets at sea.

As a Medical Officer in the Navy you pack a lot of experience into your first 5 years.

If you want to see something of the world join the Royal Navy as a Medical Officer for a 3-5 year commission—or longer. Travelling abroad, you get first-hand experience of cases you rarely encounter at home, as well as plenty of good, solid, family G.P. experience (including midwifery) looking after families on shore, and working in Naval hospitals.

Freedom of treatment and first class facilities. As a Medical Officer you have your own general practice afloat, full responsibility and the chances to study cases in greater depth. You can also learn sciences special to the Navy, such as underwater and nuclear medicine.

This is the sort of experience you will only get in the Navy and if you like it you may stay on. After all, ordinary G.P.'s don't usually have cruising surgeries, or use helicopters for emergency dashes.

How you can join.

As a student any time after passing 2nd M.B. If accepted for a five year commission, you will *immediately* start at £821 p.a. plus allowances (and there's a tax free gratuity of £3,000).

Any time from your pre-registration year onwards. You may join for a 3 or 5-year Short Service commission—which can be extended if you so wish. As a fully registered doctor, your civilian experience counts towards your seniority.

Write for more information giving age and qualifications, and we'll be glad to arrange an interview.

To the Medical Director-General of the Navy 26 BZ3 Empress State Building, London, S.W.6.

RN ROYAL NAVY

tion right wing were rewarded by an equalising goal.

As the heat came on in the second half, a cleanly struck short corner was lifted into the roof of the net by Roger Burns. Guy's were stretched in the last quarter, the ball hitting the post and side netting, but Wimbledon just could not squeeze the ball in.

This was another very good win for Guy's, who seemed to benefit from the tactical advice received from Ken Lockhead.

R.W.B.

SWIMMING

ANNUAL GALA

Monday, 27th October. Mile End.

Despite producing such a phenomenal number of spectators that they could not be counted on one finger, this gala was suffering from a distinct competitor famine half an hour after the advertised starting time. But secretaries are not made of greater stuff than ours ("we can't delay the start just because there's nobody here") and his gravitational field eventually lured several swimmers into the bath, including a game spectator.

Everybody performed in everything with the notable exception of our Olympian who was seen to be tensely saving himself for the one-length butterfly, obviously just having to get hold of the pint awarded to the winner.

The really serious stuff began with a mixed three-legged race, which I am at a loss to report because my partner, Roddy Jones (sex test pending) decided to swim underwater. Not content with coming last he did an anklectomy on me in removing the bandage. Roddy enjoyed the three-legged race. Now the beer race was a far more sober affair. Perhaps the Rugby Club do not practise downing faecal speciment container-fulls, for they could not keep the title in Guy's, being beaten by the London Hospital.

The highlight of the evening was surely the tragically painful series of suicide attempts aimed at winning the *dieving*. The hon. secretary had a built-in winner; the baths manager reports that the bath will be filled again in time for next year's gala. Paul Robinson alone could equal this challenge, with a remarkable vocal performance in which he was seen to be teetering from the balcony railings in Brands Hatch clobber before doing something which must have hurt. Unfortunately, his clothes covered up one of the judging criterea; by which I am referring only to erythema.

Many thanks to Mr. and Mrs. Campbell for awarding prizes at this enjoyable evening, which was rounded off by an 8—4 water polo win over the London Hospital.

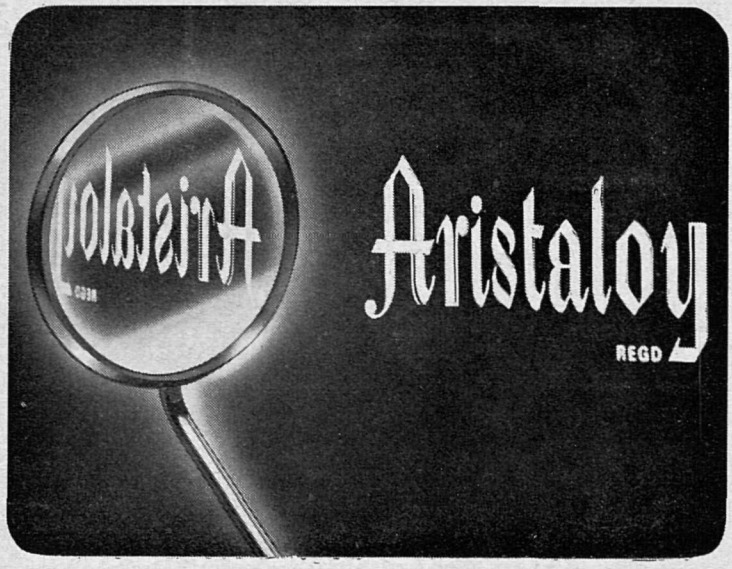
WATER POLO

UNITED HOSPITALS LEAGUE

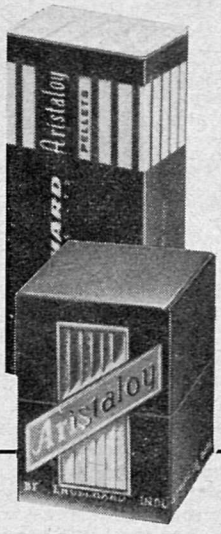
This league is taken very seriously. Just how seriously was demonstrated on the evening of 4th November, when even a superb game took second place to the wild, excited and fantastically biased debate which followed, not only at the bathside and dressing room but also in the pub for hours afterwards.

With Mary's, Guy's and George's emerging as the giants, the first clash between any of these was Guy's v. George's on 4th November. And the standard of the game really was worthy of its importance. Guy's just kept pushing into the lead until the beginning of the first quarter, when it was a 4—4 cliff-hanger. At the final whistle, a glum looking George's team and pleased looking Guy's team got out after what most people thought was surely a 6—5 Guy's victory. But it was not to be. The scoreboard was showing 6—6. And that was just the beginning of the sensational fiasco which culminated in a decision to reply the match at a later date.

The next needle match for the unbeaten Guy's side will be against the Mary's team which recently beat George's 7—6. This match will be on Friday, 21st November (i.e. today if you have just picked up this *Gazette*), 6.40 p.m., at Mary's Hospital. Mary's get tons of support; some for Guy's would be very welcome.



reflects quality



whichever way you look at it!

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HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S HOSPITAL
DECEMBER 1st, 1969

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark	Miss L. J. Summers 3 *months* Mr. R. P. Dunnill 6 *months*
Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Deuchar	Miss E. A. Clyma 3 *months* Mr. A. H. Chalmers 6 *months*
Dr. Houston and Dr. Grimble	Mr. A. M. Seal *months* Mr. J. F. Price 6 *months*
Dr. Kauntze and Dr. Joiner	Mr. J. F. Dufton 3 *months* Mr. I. M. Morris 6 *months*
Professor Buterfield and Dr. Lessof	Mr. R. E. Pounder 3 *months* Mr. L. J. Turner 6 *months*

House Surgeons

Professor Sir Hedley Atkins	Mr. C. G. H. West 3 *months*
Mr. Wass	Mr. P. J. Davenport 6 *months*
Mr. Blackburn	Mr. J. B. Kelynack 3 *months*
Mr. Lawrie	Mrs. A. R. Soul 6 *months*
Mr. Glover	Mr. J. D. Osborn 6 *months*
Mr. Beard	Mr. A. S. Coulson 3 *months*
Mr. Maynard	Mr. J. B. Bingham 6 *months*
Mr. Ellis	Mr. G. M. Cochrane 3 *months*

House Surgeon to the Surgical Unit (including Breast and Plastic Surgery)
Mr. N. K. Griffiin
6 *months*

Gynaecological House Surgeon
Mr. R. B. Plummer
3 *months*

Throat and Ear House Surgeons
Miss C. E. Ross
3 *months*
Mr. K. R. Stewart
6 *months*

Orthopaedic House Surgeons
Mr. P. McK Hudson
3 *months*
Mr. M. J. Fortune
6 *months*

Genito-Urinary House Surgeon
Mr. R. J. Morgan
6 *months*

Children's House Physicians
Mr. W. G. Sherwood
3 *months*
Miss J. R. Harlock
6 *months*

House Physician to the Radiotherapy and Endocrine Departments
Mr. W. H. Franklin
3 *months*

Casualty Officers
Mr. B. J. Rowlands
3 *months*
Mr. K. H. Riding
3 *months*
Mr. P. R. E. Baird
3 *months*
Mr. A. A. Strachan
3 *months*
Mr. J. G. Payne
6 *months*
Mr. J. A. Vale
6 *months*
Mr. P. Battlay
3 *months*

Resident Obstricians
Mr. M. F. Rumpus
3 *months*
Mr. D. J. J. Shale
6 *months*

Neurological House Physician
Mrs. G. W. M. Baird
3 *months*

Dermatological House Physician
Miss J. M. Higgs
3 *months*

House Physician in Child Psychiatry
Mrs. M. J. Habeshaw
3 *months*

House Surgeons to the Thoracic Unit
Mr. T. J. Nash (S.H.O.)
3 *months*
Mr. W. J. Owen
6 *months*

House Physician in the Department of Psychological Medicine

Mr. S. O. Okpaku	1.10.69—31.3.70
Mr. M. Giles	1.10.69—31.3.70

Resident Anaesthetists
Miss J. E. Parry
3 *months*
Mr. J. E. C. Twentyman
3 *months*
Mr. R. C. H. Taylor
6 *months*
Miss A. Moore
6 *months*

Senior House Officers to Nuffield House
Mr. R. S. Parsons
3 *months*
Mr. A. Calin
6 *months*

Children's House Physicians at Evelina Hospital

Mr. P. J. Mansfield	1. 8.69—31.1.70
Mr. R. O. Robinson	1.10.69—31.3.70
Mr J. R. Gibbs	1.12.69—31.5.70
Miss E. E. Fonseca	1. 2.70—31.7.70

Casualty Officers at Evelina Hospital

Mr. H. Chahim	1.8.69—31.1.70
Mrs. S. Royce	1.9.69—28.2.70

It took about three minutes, two pounds, and one handshake to open an account with Barclays.

The three minutes were mainly spent in writing a couple of specimen signatures and in establishing my identity as a bona fide student—my passport to a charge-free account. The two pounds—all I could bank at that time—were received with a cordial handshake and I was made to feel really welcome. Nothing stuffy about Barclays. You don't believe me? Try 'em.

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House Physicians:
Mr. G. A. Corbett
3 *months*
Mr. D. A. G. Barford
6 *months*
House Surgeon:
Mr. F. M. C. Carter
6 *months*
Senior House Surgeon:
Miss H. Hussain
6 *months*
Gynaecological House Surgeon:
Mrs. L. A. Farebrother
3 *months*
S.H.O. in Psychiatry:
Mr. N. Farhoumand
3 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine and Geriatrics:
Mr. P. Sweny
3 *months*
Mr. D. F. Brown
6 *months*
Orthopaedic House Surgeons (S.H.O.):
Mr. A. M. B. Johnson
6 *months*
Mr. C. D. C. Tomlins
6 *months*
Senior House Officer to Rehabilitation Unit:
Mr. D. D. T. Perera 1.1.70—30.6.70

BECKENHAM HOSPITAL

House Physician:
Mr. P. C. V. Ramage
3 *months*
House Surgeon:
Mr. J. M. Gollock
3 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. J. N. B. Allen
6 *months*
House Surgeon to Mr. Lynn Evans:
Mr. R. J. Chiswell:
6 *months*
House Physician to Dr. Roberts:
Mr. J. Woodland
6 *months*
House Surgeon to Ivo Smith:
Mr. N. J. Lattimer:
6 *months*
House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:
6 *months*
House Physician to Dr. Llewellyn-Smith:
Mr. R. C. Quinnell
3 *months*
House Surgeon to Mr. Le Brun:
Mr. S. L. McAuliffe
3 *months*
House Surgeon to Mr. Cavendish:
Mr. S. H. Siggers
3 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases:
3 *months*

MILLER HOSPITAL

House Physician to Dr. Hartley and Dr. Bassadone:
Mr. E. G. Humphrey
6 *months*
Mr. D. C. C. Hughes
3 *months*
Mr. D. B. Silk (S.H.O.)
3 *months*

House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner:
Mr. P. E. Nicholls
6 *months*

House Surgeon to Mr. O'Flynn and Mr. Fyffe:
Mrs. C. B. Challacombe
6 *months*

House Surgeon to Mr. Candy, Mr. Williams and Mr. Park:
Miss C. J. Spurlock
3 *months*

ORPINGTON HOSPITAL

House Surgeon with Physical Medicine:
Mr. N. P. Clarence
6 *months*

House Surgeon with Gynaecology:
Mr. M. N. Clark
6 *months*

House Surgeon with Orthopaedics:
Mr. N. Cavanagh
6 *months*

House Surgeon with Ophthalmology to Mr. Walker Brash and Mr. Chivers:
3 *months*

House Physician to Dr. Southwell and Dr. Williams:
Mr. P. V. F. Cosgrove
3 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy:
Miss J. M. Morgan
3 *months*
Mr. J. F. Hill
6 *months*

House Physician to Dr. Miller and Dr. King:
Mr. D. J. M. Choat
6 *months*

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott:
Mr. D. J. Lipscomb
6 *months*

P. J. HELLIWELL,
Superintendent

5th November, 1969.

CHANGES OF ADDRESS

Dr. Arthur G. Blyth, Shepherds Cottage, Little Ann, Andover, Hampshire.

Col. J. C. Crook, M.D.F.C.Path., D.T.Mch., R.A.M.C., British Military Hospital, Munster, B.F.P.O. 17.

Dr. and Mrs. N. Garrard, Aynho Park, Banbury, Oxon.

Dr. and Mrs. R. A. C. Hughes, 3a Dorville Road, London, S.E.12. Tel: 01-852 6324.

Dr. and Mrs. P. E. Kapff, Scadbury Manor, Southfleet, Kent. Tel: Southfleet 2397.

Miss V. M. Stockdale, Repatriation Hospital, Heidleberg, Melbourne, Australia.

Mrs. M. F. Van Rossum, Schokkingstraat 8, Maarssen, Nederland.

PERSONAL

TWO furnished flats; available for married Couples. Near Honor Oak Park station; short journey to London Bridge. Write initially to Miss J. Crewdson, St. Mary's College, The Park, Cheltenham. References required.

BIRTHS

BOWEN-SIMPKINS—On 6th November, 1969 at Guy's Hospital, to Kathrin (née Ganguin) and Peter Bowen-Simpkins, a daughter.

GUERRIER—In Bristol, 1st November to Jenny (née Turner) and Tim Guerrier, a son (James Hugh Roscoe).

WARIN—On 11th November, 1969, in Victoria Ward, to Judy and Andrew, a daughter, Fiona Rosemary.

DEATH

INGRAM—On 11th October, 1969 Sidney William Ingram, L.D.S.R.C.S.Eng. (1910).

CORRECTION

We apologize that in our last issue we stated that Dr. Bishop had changed his address to 32 Connaught Square. In fact his address continues to be 32 Connaught Square W.2 and 52 Wimpole Street, London WIM 7DF, as they have been for some years.

The complete list of new Medical and Dental students as from October, 1969, will appear in the next edition.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2123

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

I'm Alright Todd

Under the auspices of the Student Medical Education Committee there assembled, last week, a large group of students eager to hear what the medical profession would be offering them, through the eyes of Todd, both in the immediate and distant future. This meeting could well have been described as a mini-teach-in on the Todd report, that tome on Medical Education which appeared some two years ago. The Dean of the Medical School and the Professor of Medicine occupied the hot seats, summarized many of the controversial issues mentioned in the report and answered, together with others from the teaching staff, a barrage of poignant questions.

In opening the meeting the Dean spoke of the proposed amalgamation of Guy's Hospital and King's College Hospital medical schools. According to the University Grants Committee and the University of London these two institutions form a natural pair, having already made considerable progress in the co-ordination of hospital services in the S.E. Metropolitan Regional Board area. The siting of a joint pre-clinical school, whether expanding present buildings at Guy's or a new building at King's, remains for further consideration. However, a multi-faculty association would not be possible for this pair if King's were to link in the formation of a biomedical centre, with St. Thomas's and Westminster.

Having satisfied us on that point, Professor Butterfield went on to draw a graphic picture of the recommendations on Post-Graduate Education, the very key to the workability of this whole report. Todd recommends a period of three years' General Professional

Training to follow the pre-registration year, and to precede a two- to four-year period of further Professional Training in the different specialities or branches of medicine. We were told that by creating more post-graduate teaching positions in the regional hospitals, as well as building one or two new teaching hospitals at Nottingham and Southampton, training the junior doctor would be facilitated, the patient would receive improved treatment and consultant positions could be attained at the age of 32. To the assembled gathering, it remained apparent that three years' General Professional Training meant three years' further house appointments, possibly in regional hospitals, although we were later assured that salaries would be graded against the rise in seniority.

The meeting was then enlightened as to the slice of the cake the exchequer devotes to "medicine", and the outlets through which the University Grants Committee channel these funds. It soon became apparent to all that the expenditure involved in putting this aspect of the Todd report into effect would be enormous, and is at present unavailable. Judging by the sighs of relief from the audience, it was widely, and probably correctly, assumed that no radical and career-shattering changes were even on the horizon. All were safe until the next Royal Commission ?

Turning to General Practices, judging from the show of student hands in answer to his question, Professor Butterfield thought that a career in this field of medicine had increased in popularity. It has been generally agreed that the future of General Practice depends on its treatment as a speciality within the spectrum of medical specialities.

Neither time nor perhaps the mood of the meeting, permitted discussion on the pre-clinical training of future doctors. Brief mention was made of possible introduction of a curriculum of course-units and the new degree of B.Med.Sci. Let us hope this will receive attention at a future meeting. However, from the student and staff turn-out at this teach-in and the personal concern expressed about the future of the medical profession by those who hope to work within it, has shown the value of frequent criticism and discussion.

Suggestions Wanted

Astute observers of the changing scene at Guy's may have noticed unusual activity near New Guy's House in recent months. A large hole has been excavated about one hundred yards to the North and has been filled with concrete. A building is being constructed on top of this and is now about nine storeys high. It is forecast that when finished it will be about three times this height, and that on a clear day one should be able to see the roof.

One slight problem mars this otherwise idyllic prospect : the building has no name. This is a serious complication because no one

will know how to direct anyone to it. Various names have been suggested, including "New New Guy's House".

At present, for want of any better name, it is called the "Tower Block". This is a convenient name but hardly distinguished enough for what will be the dominant feature of Guy's for the next century or two. Something more imaginative is wanted urgently : if a new name does not appear soon the "Tower Block" will be here to stay.

GUY'S DIARY

DECEMBER

8	M.	1.00	Clinical Lecture. Mr. BROOMHEAD. "Reconstructive Surgery—Basic Principles of Graft, Flaps and Reconstruction."
9	Tu.	1.00	Clinical Lecture. Mr. READING. "Carcinoma of the Nasopharynx."
11	Th.	1.00	Clinical Lecture. Dr. EVANS. "Syndromes."
12	F.	1.00	Clinical Lecture. Dr. McLEAN. "Diagnosis and Treatment of Cardiac Infarction."
15	M.	1.00	Clinical Lecture. Mr. KINDER. "Testicular Tumours."

POST-GRADUATE TRAINING AND REGISTRATION

The Guy's Hospital Junior Staff Committee are gravely concerned at certain aspects of current proposals for post-graduate training and registration, and have already set in progress certain objections and protests. As this matter is of vital interest to all those working in the Health Service, it is essential that all members of the Guy's junior staff have the opportunity to be informed and to express their opinions on the proposals. These proposals are outlined in the letter of Sir George Godber to the British Medical Association, B.M.J. Supplement page 5, 11th October, 1969.

ALL MEMBERS OF JUNIOR STAFF

are invited to an

OPEN MEETING

of the

GUY'S HOSPITAL JUNIOR STAFF COMMITTEE

in the

ANATOMY THEATRE, MEDICAL SCHOOL

at

1.00 p.m., THURSDAY, 18th DECEMBER.

Please do not fail to attend . . . it is your future.

HEALTH CENTRES

by

Stuart Carne, M.B., M.R.C.G.P., D.C.H.

The increased interest in general practice shown by medical students contemplating their future career in the profession is usually associated with an interest in group practice. This paper outlines the present position, explains the difference between health centres and group practice premises and describes the work of a health centre with reference to one of the newest in London.

GROUP PRACTICE AND PARTNERSHIP

There have been partnerships in general practice ever since the general practitioner evolved from the apothecary. Group practice is a relatively new concept. It has several different meanings. In North America, for example, it is usually taken to mean a group of specialists sharing facilities and premises. In such a group there may be general practitioners although it is more usual for the "doctor of first contact" to be an internist or paediatrician.

In Britain the term has acquired a specific definition. To be eligible for a group practice allowance a group has to comprise three or more general practitioners working in close association from the same main surgery (they may also have branch surgeries) and sharing ancillary staff. In some group practices patients are seen by any one of the group while in others the doctors usually see their own patients. In either case absences are covered by other members of the group. This means that a group practice is able to offer its patients a 24-hour service while permitting the individual doctors adequate nights and week-ends "off duty" as well as time off for study leave and appropriate holidays.

In most groups in this country none of the members restrict their practices to any special category of patient but there are a few in which the GP's, to a certain extent, specialise; one will look after all the children, one deals with the 15-64 age groups, a third with the over-65's, while the fourth does "midder".

Members of a group need not necessarily be in partnership with each other; there are several such arrangements in this country. There is nothing in the group concept which obliges GP's to pool their practice expenses and income.

In most of the large health centres there are two or more partnerships; in some centres none of the doctors is in a partnership although they usually co-operate to form a group practice.

HEALTH CENTRES

The term "health centre" first achieved prominence in the Dawson report (1920). In that report—published almost fifty years ago—medical services in the future were to be based on :—

1. "Primary" health centres at which GP's would work, at which local authority health services would be provided and at which there would be a few beds.
2. "Secondary" health centres. These were not dissimilar to the modern concept of "community hospitals".
3. Teaching hospitals.

Today the term has acquired a strict definition. Section 21 of the National Health Services Act 1946* laid upon every local health authority the duty to *provide, equip* and *maintain* premises to be known as health centres in which there are to be facilities for all or any of the following :—

1. General medical services (i.e. GP services).
2. General dental services.
3. Pharmaceutical services.
4. Local authority health and welfare services, including health education.
5. Specialist and other out-patient services normally provided at a hospital.

The local authority is responsible for seeing that a health centre is properly staffed but the GP's may, if they wish, employ their own ancillary staff. The medical and dental staff, other than those (full- or part-time) assistant medical officers of health doing clinics at the centre, are not employed by the local authority. GP's, whether practising from the centre or not, may, however, undertake sessional employment for the local authority at, for example, child health or family planning clinics. Such an arrangement does not affect their status as independent contractors.

Table I shows the development of new health centres in England and Wales since the National Health Service began 21 years ago. The majority now in operation were opened in the past four years. At present some 2.5 per cent of GP's are working in a health centre.

THE DEVELOPMENT OF HEALTH CENTRES IN ENGLAND AND WALES

Table I.

	England	*Wales*	*Total*
Establishments recognised in 1948 ...	5	5	10
Opened 1948—64	20	0	20
Opened 1965—31.7.69	78	12	90
Under construction	79	13	92
Approved	82	5	87
Being actively planned	93	8	101

*This act applies only to England and Wales. The organisation and administration of health centres in Scotland and Northern Ireland are somewhat different and will not be considered in this paper.

The planning of a new centre usually takes several years and it is anticipated that by the end of 1971 there will be a total of 250 health centres in operation at which some 1,300 GP's will be looking after three million patients.

GP's rent health centre accommodation from the Executive Council. The Executive Council, in its turn leases the accommodation from the Local Health Authority. This complex arrangement was introduced (in 1948) to "protect" GP's from their local authority.

The total cost of each centre has to be divided between the GP and local authority in proportion to usage. It had always been realised that the cost of building and running a health centre might be greater than the cost of running an ordinary GP's surgery. Health centres were therefore subsidised by the local authority and GP's paid a nominal rental. Prior to the introduction in 1966 of the "Doctors' Charter" an approximate overall charge per GP was £200 per annum which included rent, rates, staff and services.

Since 1966 every GP in the National Health Service has been reimbursed for all his agreed rent and rates and for part of the salaries paid to ancillary staff.* The accommodation charge now paid by GP's is therefore made up of three elements.

1. Rent and rates. This is only a paper transaction as these are fully reimbursed.
2. Staff salaries, which are partly reimbursed.
3. Services—such as heating, lighting, telephone and maintenance, none of which is reimbursed.

GP's, whether in health centres, group practices or elsewhere, do not pay any of the salaries of the nurses, health visitors, midwives or social workers employed by the local authority who are attached to the practice. (GP's who employ their own practice nurse do pay a salary but claim reimbursement of part.)

In many health centres it has been found that, after allowing for local authority usage of the centre and after allowing for the reimbursements, the net charge to general practitioners (calculated from the above formula) is often considerably in excess of the cost of running an ordinary surgery in the same district. Local authorities are therefore being asked in some instances to continue to subsidise the GPs' proportion of the costs. This matter has not yet been resolved and is still the subject of discussions between the department of health, the local authorities concerned and representatives of the GP's.

GROUP PRACTICE PREMISES

The term "group practice premises" has not been strictly defined. It is by common consent taken to mean surgery premises used by a group practice. It is usual to further restrict the title to premises which have either been purpose built or adapted. The premises are either owned or leased directly by the GP's practising there. In a few instances the local authority is the landlord.

* If the income from private practice exceeds 10 per cent, part of these reimbursements is abated.

The ancillary clerical staff are always employed directly by the GP's who claim reimbursement in the usual way. The GP's are responsible for all the cost of heating, lighting and maintenance. They each get a group practice allowance but so do those GP's in health centres who work as a group. (This allowance amounts, at present, to an extra £200 a year for each member of the group.)

They can get help from the GP Finance Corporation in raising a loan to build or adapt premises, and, like all GP's owning their premises, are eligible for certain improvement grants.

MAKING THE CHOICE

For the young man or woman entering general practice, what are the advantages of practising from a health centre or group practice premises? What are the differences between the two types of building? There are many GP's who say that being single-handed or in a partnership of two is the best form of practice. There are also partnerships of three or more GP's who prefer to practise entirely from their individual surgeries and this, of course, excludes them from the present definition of a group practice.

In fact, more than 50 per cent of GP's in England and Wales are still not in a group though how many of them would like to do so but, for various reasons are unable, is not known.

The young man going into group practice premises will have to pay for his share of the practice equities. The amount will vary mainly depending on whether the group owns or rents its accommodation. If the group owns its premises the cost to the individual doctors may be quite high. It may necessitate his taking out two mortgages, one for the house in which he is going to live and one on his surgery. In this respect he is no different from other GP's who own their own practice premises. It does mean that he is, with his partners, master of his own accommodation. When, eventually, he retires from practice he can sell his share of the assets (but, of course, none of the goodwill). The price he will get will depend on the state of the market at the time and there is no certainty that the value of medical premises will increase *pari-passu* with the rest of the house market. In other words, during his professional life much of his capital will be tied up in property. The young man going into a health centre has none of these worries about his capital as far as surgery accommodation is concerned. On the other hand he will have some worries about security of tenure, although this problem is under discussion with the department of health.

It ought to be mentioned that the problems of security of tenure are just as great for GP's in non-health centre accommodation although they present in a different form. For example, redevelopment has forced many GP's to leave surgery accommodation they have occupied for many years. In London, in particular, the finding of an alternative suitable place from which to practice has not always been easy.

GP's in health centres have, to a certain extent, committed themselves to the continuation of the N.H.S. They may, of course, see private patients at the centre but if they resign from the health service, as things are at present, they will have to find alternative practice accommodation.

DESIGN OF A HEALTH CENTRE

The main purpose of a health centre is to improve the quality of medical care in the community through the provision of premises of a high standard where family doctors can practise in association with each other and with the staff of a local health authority. The proportion of the facilities in the building which are devoted to GP services and the proportion of local health authority or other services varies considerably. In most health centres the general practitioners occupy a relatively small proportion but there are some, for example the Grove Health Centre, in which the building is mainly used by the general practitioner.

THE GROVE HEALTH CENTRE

This centre was opened in Hammersmith on 25th March, 1968, by the then Minister of Health, The Rt. Hon. Kenneth Robinson, M.P. It had taken seven years to plan and overcome the many difficulties in its way. The only site available was a plot 50 feet square in front of a newly-erected block of flats. A cantilevered building was chosen (Figure I). The podium houses storage rooms and a common room which is available to all staff. The working area is on the main floor.

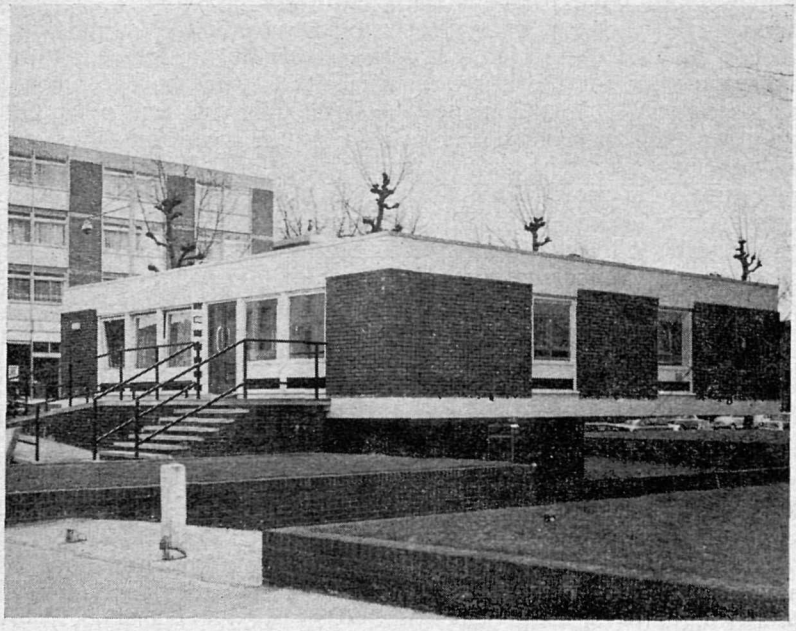

Figure I.

Because of the small size of the building the maximum use had to be made of the available space. Instead of the usual health centre arrangements of separate suites for the GP's (used mornings and evenings) and separate suites for local authority clinics (used, at best, half-time) all rooms, including the consulting rooms, are shared by the GP's and local authority.

The internal layout of the main floor is shown in Figure II. The accommodation provided includes:—

1. Waiting room.
2. Reception area with recessed filing space.
3. Four consulting rooms.
4. Two examination rooms.
5. Specimen testing room.
6. Health Visitor and nurse's room. This double room can be divided so that the two halves can be used independently if necessary.
7. Secretary's office.
8. Toilet facilities.

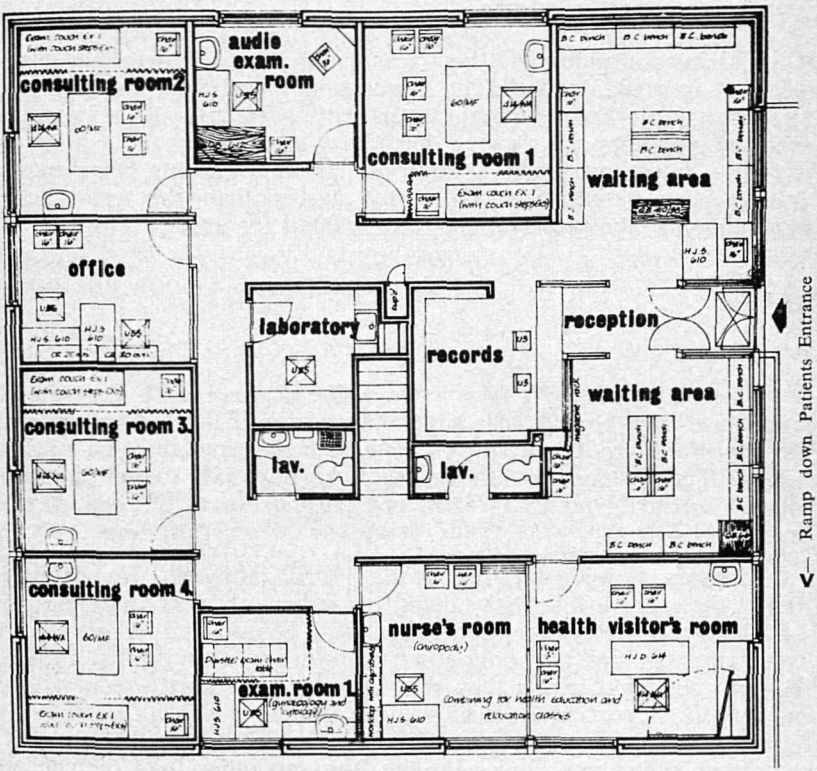

Figure II.

CONSULTATION ROOMS

Though the rooms are shared, by common consent each GP has adopted one consultation room as his own. The layout no longer follows that in the original architect's plan (Figure II) but the furniture has been moved to meet the wishes of the individual doctor. Each GP has decorated his "own" room with a personal choice of paintings, trophies and *objets d'art*.

THE EXAMINATION ROOMS

These are hardly ever used for their original purpose. Because every consulting room is fully equipped we prefer not to ask our patients to go elsewhere to be examined. This also gives the doctor the advantage of being able to concentrate on one patient at a time. Examination Room 1 is designed for sight and hearing testing. Examination Room 2 has a special gynaecology examination couch in it. It is used for family planning and cervical cytology. At other times it serves as an extra consulting room.

APPOINTMENT SYSTEM

This was introduced 10 years ago and has been described elsewhere (Carne 1963 and 1967). It works very well even though there is a large proportion of immigrant patients. Because all patients are seen by appointment we can introduce a considerable degree of flexibility into our consulting sessions. If we anticipate being particularly busy, surgery can be started earlier than the usual hour (assuming the consulting room is not wanted for another clinic).

STAFF

1. Medical

There are four GP's in practice at the Grove Health Centre and none have any branch surgeries. When the health centre opened there was one group practice of three and one single-handed practitioner. The arrangements in the centre have worked so well that the four of us amalgamated to form one partnership at the end of the first year.

Between us we look after nearly 10,000 patients. We estimate that in the space available we could not cope with more than another 2,500 patients. Patients have full choice of doctor. Contrary to expectation, we find that only about half wish to exercise that choice; most do not mind whom they see. The local authority sessions are run by full- or part-time assistant medical officers of health employed by the Borough. None of the GP's at the Grove Health Centre is, at present, doing any clinics for the Borough other than the special clinics we run for our own patients. (See below).

2. Paramedical

(a) Health Visitors :

There are two health visitors at the centre. The senior is also the centre superintendent and responsible to the M.O.H. for administration. She has as her case load the patients of the four GP's. The other health visitor has the usual geographically determined case load and acts as deputy for the first in her absence.

(b) Social Worker :

For the time being the health visitor acts as our social worker. We have quite a few problem families and unmarried mothers, as well as the usual range of chronic sick patients. The health visitor is not, however, able to cope with most of the psychiatric problems we meet. We have discussed with the M.O.H. the additional attachment of a social worker.

(c) Nurses :

One of the district nurses has been given the patients of the four GP's as her case load. She visits them in their homes when asked by us and she calls at the health centre every morning at about 10.45 a.m. (coffee time) to discuss problems. At that time she also does dressings and injections for those patients able to visit the centre.

(d) Midwife :

The pattern of domiciliary midwifery in Hammersmith has altered radically in the past two years. The fall in the birth rate, coupled with the opening of more hospital obstetric beds has lead to a very considerable decline in the number of home confinements. Furthermore, two local hospitals (Queen Charlotte's and St. Mary Abbots) have opened GP obstetric units and a third (Hammersmith Hospital) is about to do the same. Most of the confinements for which we are responsible now take place in hospitals. All the district midwives in Hammersmith are attached to practices in which one or more of the doctors is a GP obstetrician.

3. Clerical

(a) Receptionists :

We had found long before we moved to the health centre that it was more efficient to separate the secretarial from the receptionist duties. The centre is open from 8.15 a.m. to about 7 p.m. on five days and from 8.15 a.m. to noon on Saturdays. We need two receptionists on duty at any one time. The Borough, therefore, employs three receptionists who work a rota. They open and sort the mail; they answer the telephone; they make appointments; register new patients; and are also responsible for completing most of the other forms used in general practice. As with many other group practices we consider it important that each GP should see the specialist reports about every patient. The receptionist does not therefore file the day's post until it has been initialled by each doctor. Nor does the receptionist deal with requests for repeat prescriptions or certificates. Having to see every patient who wants a repeat prescription adds little, if any, to the doctor's workload. Furthermore, we feel it improves the quality of service we offer our patients. The receptionists do the

urine testing at the ante-natal clinic and one of them is present with the doctor during immunisation sessions to act as clerk.

(b) Secretary :

The secretary works office hours five days a week. She takes letters for all the staff at the health centre, not only the doctors. All referral letters are typed; a carbon copy (on yellow paper for easy identification) is filed in the patient's record. Requests for a specialist's opinion at hospital are usually sent by the secretary to the hospital appointments officer asking him to notify the patient. The patient therefore does not need to handle the letter at any time.

Her other duties include the follow-up of defaulters at the child health clinic and the maintenance of the practice age/sex register.

SPECIAL CLINICS

The GP's hold ante-natal, child health and geriatric clinics, but only for patients on their list. This is exceptional for a health centre where these clinics are usually run by the local authority for anyone in the district. We believe that we are anticipating a change which will develop as more group practices appear. (Sheldon Report, 1967.)

There are two child health sessions. At one the health visitor consults by herself, advising mothers on feeding problems and general management. At the other session the GP's, assisted by the health visitor, carry out routine assessments and do immunisations.

The London Borough of Hammersmith and the Inner London Education Authority use the centre for the following clinics :—

1. Family planning (run by the Family Planning Association).
2. Cervical cytology.
3. A clinic for backward babies (referred from other child health centres).
4. A clinic at which the assessment of school children thought to be educationally sub-normal is carried out.
5. A clinic for school children referred by school medical officers for enuresis, obesity and similar problems.

The local authority clinics are not restricted to patients on the list of the GP's at the centre but are conducted as any other local authority clinic elsewhere, except that, as with the GP sessions, patients are seen by appointment.

TEACHING

The Grove Health Centre has not been formally adopted for the teaching of general practice by any of the undergraduate medical school but, from time to time, students from several (and as far afield as Aberdeen) come for periods of up to four weeks. We have visitors from other parts of the country and overseas who wish to see general practice in Britain and, in particular, general practice in a health centre.

Postgraduate teaching is carried out. There are, at present, at the Grove, two trainees preparing themselves for a career in general

practice. One is fairly recently qualified; the other is a woman practitioner wishing to take up general practice later in her career.

We hold frequent lunch-hour meetings. A discussion seminar is held fortnightly for the trainees at which problems are discussed. Once a month we have a discussion group at which we are joined by the members of another group practice. We also provide instruction sessions for the ancillary staff at which the aim is to expand their (and our) knowledge of the work of a health centre and social services in general.

I wish to thank my many friends who have helped me in the preparation of this paper. I also wish to acknowledge the help of both the architects and health departments of the London Borough of Hammersmith who were responsible for the design and erection of the Grove Health Centre. Throughout the planning stages we could not have had closer co-operation and help.

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NURSING SECTION

In the interests of economy, the decision has recently been taken to amalgamate certain of the wards at Christmas.

As the cacophony of protest amongst the nursing staff gradually dies away, the time has surely come for an objective view of the situation.

The comments in recent weeks have ranged from those stating that the patients will not wish to be moved to those saying that two sets of nursing staff cannot work together. These surely are only different ways of saying that people dislike change.

Guy's, as we are all aware, has been affected by the general economic situation to no lesser degree than any other institution in the country. Surely, in view of the fact that we are informed annually of the amount of over-spending during the festive season, it is high time that some economy was made. To say that this arrangement will not cost any less, simply cannot be true. Even if it is only the electricity bill which is smaller, this will represent a saving and thus the object of the exercise will have been achieved.

As far as the patients are concerned, it could conceivably prove that they actually enjoy joining another group of people. Added to this, if there are double the number of nurses in a ward, the work should be completed more quickly and leave more time for pleasure.

Surely, if this is the season of goodwill, it behoves us all to co-operate with each other in order to ensure that the patients enjoy themselves. Both they and the more junior nurses are guided by the attitudes of the Senior Staff. If the tone is set by these people, there is surely no reason why everyone at Guy's should not enjoy Christmas in the manner to which they are accustomed.

OBITUARIES

JOHN VERNON CANNADINE BRAITHWAITE

Dr. J. Vernon Braithwaite won the Treasurer's Gold Medal and qualified from Guy's in 1919. He achieved the M.B., B.S. and a special prize in the Murchison Scholarship of the Royal College of Physicians in 1920, followed by the M.R.C.P. in 1921. He filled the posts at Guy's of Assistant House Surgeon, Out-patient Officer, House Physician, House Physician for Diseases of Children, Clinical Assistant in The Children's Department, and Demonstrator of Pathological Chemistry during 1920-1922. He was Assistant Physician, Queen's Hospital for Children, 1921-1922.

A promising, even a brilliant, beginning, but there was not much future in London. Although retaining the honorary post of Clinical Assistant in the Children's Department at Guy's until 1928, he nevertheless moved to Leicester in 1922 and remained there for the rest of his life. He became Assistant Physician at Leicester Royal Infirmary and Children's Hospital in that same year and retired as Paediatrician Emeritus in 1960.

These years spanned the whole period of the development of paediatrics in provincial cities, when a man had to be able to turn his hand to general practice, general medicine, infant welfare work, rheumatism clinics, enuresis clinics, lecturing to nurses and to speech therapists, etc. The practice of paediatrics included aural paracentesis and lumbar puncture at the patient's home. Braithwaite was a pioneer in this territory and succeeded. He was awarded the M.D. and elected F.R.C.P., became a member of The British Paediatric Association and President of the Paediatric Section of the Royal Society of Medicine. He even founded his own Societies (paediatric and Christian medical), was a lay Canon of the Cathedral and a councillor of the University. Somehow he found time to write original medical articles, to practice gardening, to study pond and bird life and to read poetry. He was often to be seen at medical meetings, a stocky figure with a broad smile and a grumble, actually in the company of his old Guy's friend, W. W. Payne. It was a good life, lived to the full by a versatile and durable man.

Our sympathy goes out to his widow and to his son and daughter, both Guy's doctors.

P. R. Evans.

SYDNEY INGRAM, L.D.S.Eng.

Sydney Ingram obtained his dental qualification in 1910. He then established a very successful practice in Margate, which continued until recently, when ill-health compelled him to retire; he died on 11th October.

Ingram was always a loyal Guy's man who, from time to time, organised a dinner for Guy's people who were in the Isle of Thanet; to these dinners a member of the active staff of Guy's was invited to give an account of recent changes in the hospital.

Ingram was a keen sailor and handled his craft with great skill.

F.N.D.

NOTICES

STUDENTS' CLUB

A meeting of the Students' Club Council was held on Friday, 10th October. The following points arose and may be of interest to members of the Club.

1. Films.

Enquiries are being made into the possibilities of obtaining better sound and projection equipment for the Thursday night films. It is, however, up to all members of the Club to ensure that they pay when they do see these films, otherwise there will be no money to hire new equipment.

2. The Bar.

Some difficulties have been encountered in running the bar efficiently, and it is the responsibility of all students to help in every way possible. The bar is run for the Club members and anything that they do to interrupt the efficiency of the bar will affect them and other students directly.

3. Students' Handbook.

A new Students' Handbook has been printed by the Council on the Gestetner duplicating machine. This has made the project relatively inexpensive, and will facilitate keeping the handbook up to date by changes to the stencils.

4. U.L.U. Constitution.

The constitution has been changed, and there is now room for an additional representative from Guy's. This is to be a pre-clinical student, thus giving some continuity of representation.

Bruce Dick, Student Secretary.

UNUSUAL CHRISTMAS CHORAL MUSIC!

Year by year, in every ear, music at Guy's becomes more and more interesting. The latest chart-topper is to be released on the evening of Thursday, 18th December, at 5.30 p.m. in the Chapel, when a choral and instrumental concert will be given by an—as yet—unnamed schismatic branch of the choir. This hour-long event is a programme of Spirituals, Swingles, Organs and 'Cellos, and, believe it or not, some Unusual Christmas Choral Music!

Besides the choir, the combo contains Robert Anderson at the organ, Ian Starke and Tony Morgan at the piano, John Hawkins on clarinet, and Monica Vitti playing Jacqueline du Pré trying to look like the lovely Margaret Anderson. This quintet will delight you with numbers by Bach, Bruch(ner), Kol somebody or other, and Hawkins, in that order, in dia- or synchronicity as may be.

And sweet singing in the choir will include:

Rise up Shepherd (a Spiritual) Cantate Domino (Pitoni).
Bourée from the Water Music (Handel).
The Christmas Rose (Ridout). Fugue II Book I (Bach).
Shepherd's Farewell, from the film "L'enfance du Christ," by Cecil B. Du Berlioz.

Entrance Free. Can you afford to miss it?

ART SOCIETY

The Art Society annual exhibition of Art and Craft will be held from 27th January until 6th February. Any mounted work will be most welcome.

R. Cole, Hon. Secretary.

CORRESPONDENCE

Miss Mary Mower White

SIR,—In the *Gazette* of 8th November, Mrs. Webster wrote a short but appreciative obituary notice of Miss Mary Mower White, but I think it will not be out of place if I add my own appreciation. I knew Miss Mower White throughout the 40 years she was at Guy's, and when I became Superintendent, she was "Number Two" to Miss Delamare in the Superintendent's personal office and was shortly to succeed to the senior post. She was very fond of Guy's and nothing was too much trouble. She arrived early and worked late, and she had a prodigious memory, going far back, so that she could often put her finger on information, otherwise impossible to obtain. She was as loyal and reliable a secretary and personal assistant as one could wish for.

During her work years, Miss Mower White lived in London, and greatly enjoyed the theatre and concerts, and every year she made a short visit to Stratford-on-Avon none the less, when she retired in 1965, she went to live in Cornwall and before long her garden had become her first love, though she retained her strong affection for Guy's, where her father, who later became a surgeon, had been a medical student, and to which she had contributed a great deal by work and example.

Yours,

J. B. BLAIKLEY, C.B.E.

Guy's Hospital,
London Bridge, S.E.1,

Richard Bright and Hungary

SIR,—As an Hungarian, I was very interested to read your report in the Guy's Hospital *Gazette* about the contact between Guy's and my country through Richard Bright. Bright is really well-known in Hungary, not only as a famous physician, but a geographer as well. It may interest you to know that this Guy's Hungarian contact exists today.

Last year, to commemorate the 100th anniversary of the death of Semmelweis, a large medical meeting was held by the Hungarian Scientific Academy. In the Gynaecological section, a Guy's man, Mr. Geoffrey Hammond, gave a very successful paper entitled "The treatment of Carcinoma in Situ". To the surprise and delight of all there present, he delivered the paper in Hungarian, an event which, as far as I know, is unique. This happy occasion, together with the affection he has shown towards Hungary, has added something to the cultural and scientific ties between our two countries to which you rightly draw attention.

As a practical result of this connection I have been able to accept an invitation to work for a year in the department of obstetrics and gynaecology at Winchester.

In this way I have observed much of the teaching in this branch of medicine which came from Guy's and I feel that I myself am taking part in the traditional Guy's Hungarian friendship which was initiated so long ago by Richard Bright.

Yours,

DR. ISTRAN MARTON.

Royal Hampshire County Hospital,
Winchester.

London Dirt

SIR,—In reply to Charles B. Howard, Esq.'s lamentable observations that nurses' work and travel through the grime of London in the same dresses, may I include a few facts and observations of my own.

A nurse wears at least one, if not two, clean dresses per week, and over this a clean apron every day, which is worn only in the ward. Therefore a maximum of say 50 hours is spent working and travelling in any one dress. In my two years at Guy's, however, I have noticed registrars and consultants wearing the same old suits day after day, and wear no other coat or apron before examining a patient. How much longer time to collect London grime these get! As for some of the clothing students on the wards appear in, heaven only knows where they have been!

Think again, Mr. Howard.

Yours,

LESLEY J. MASON.

64a, Boyne Road,
Lewisham,
S.E.13.

Clean Suits ?

SIR,—In reply to the letter of your "humble servant", Charles B. Howard, printed in the *Gazette*, 22nd November, I would like to make the following points:

Has he not noticed our long, black cloaks amply covering our uniform dresses, which, I might add, are laundered at least twice a week. Also, our aprons, which have most contact with the patients, are changed daily.

As Mr. Howard is so concerned about London dirt, might I be so bold as to ask when his suit last went to the cleaners? Neither are *our* uniforms seen in the local pubs, rugby crowds or cinema queues.

Perhaps Mr. Howard and others like him will think again before accusing us of being unclean.

Yours faithfully,

F. BARNETT (Head Nurse).

Guy's Hospital.
S.E.1.

Time to Change

SIR,—May I, "through the columns of your publication", correct Mr. Charles Howard (correspondence, 22nd November)?

(1) If nurses travel in the rush hour, how can they possibly arrive on duty at 7.30 a.m.?

(2) Our long capes are adequate covering for our dresses (along with numerous cardigans, scarves, etc., at this time of year), and, strange though it may seem, caps are not the only articles that we change before venturing out into London's dirt.

(3) Would Mr. Howard like to come off duty (officially) at 10.15 p.m., and, with forty minutes' travelling before reaching home, care to change completely before leaving the Hospital?

Sincerely yours,

VALERIE M. HIGHAM (Mrs.)
(September, '66, set.)

P.S.—Are students so immune to dust and dirt that they can work on the wards in their street clothes?

30, North Cray Road,
Bexley, Kent,

Rose Ball 1970

SIR,—May I, through your columns, draw your readers' attention to the Clubs' Union Ball, which is to be held on Friday, 16th January, 1970, at the Savoy Hotel.

This dance is the only "open" dance and is intended to give a delightful evening to Senior Consultants and First Year Students alike. Double tickets at £5 5s. each, which will be limited to two hundred only, are on sale from those persons advertised on the poster. Please indicate table reservations, if possible, for parties greater than eight.

Good food is guaranteed and dancing will be to two bands, which should cater for all tastes.

Yours faithfully,

B. A. Ross,
Hon. Secretary.

Guy's Hospital Clubs' Union,
Medical School,
Guy's Hospital,
London Bridge, S.E.1.

125th Anniversary Guy's Boat Club

SIR,—Whereas the writers of the history of Guy's Boat Club are to be congratulated on their work, the years of 1925, 26, 27 and 28 seemed to have been forgotten. Look up Volumes 40 and 41, New Series, and you will find, if my memory serves me right, such names as Davies-Colley, Ryfell, McNair, Richmond, Miller, Shaw, Hylton-Cleaver, Clifton, Ride, Fripp, Grove, Keele, Pip Reading, etc. Clifton (Cliffie) was Captain, Hylton-Cleaver, who wrote short children's stories and a wonderful book called the "History of Rowing", was the Coach; Pip Reading was a cox. A boat was bought from Trinity Hall, Cambridge, for £60, when we only had collected £31 7s., and I never discovered who paid the debt. We rowed from the London Rowing Club, and were allowed to row for that Club if they wanted us. The Hospital Cup had been won so many times by Guy's, that the eight rowed over unchallenged, thus winning the Cup for seven consecutive years, and in that year we went to Marlow Regatta. Hanging on my wall is an oar, dated 1927, when we beat Bart's by four lengths to get the Hospital Cup again. It was in this year that Cliffie said we could have our oars, but when we went to collect them we found that we had to deposit enough money each for a new oar. I know I have missed out many names, but they would fill a book.

Yours truly,

G. G. Ellis, T.D., M.A.(Cantab.), L.D.S., R.C.S.Eng.

134a, Sandgate Road,
Folkestone.

MOTOR MEDICA

by Harry Scott, L.D.S.

Rover Three Thousand Five

Mitte. Quality four-seat, four-door saloon, 3½ litre aluminium V8 engine, automatice gearbox with manual selection, effortless performance in smooth silence. 184 b.h.p., 0-60 9.5 secs., 118 m.p.h., 17-22 m.p.g. £1,895.

With the same body-shell as the 2000 series, the 3500 is recognisable by its larger tyres, scoop beneath the front bumper and 3500 insignia.

Both bonnet and boot-lid are aluminium and open well, the former to reveal the accessible V8 engine and the latter to gain access to the rather small boot. A factory-fitted option is a spare wheel mounting on the boot-lid itself which increases the available space considerably.

The doors open wide with good "keeps" and the interior is tastefully carpeted and trimmed in leather, the whole conception being one of superbly designed and executed comfort in marginally adequate space.

The black fascia has a full-width shelf covered with a non-slip mat and incorporates fresh air ducts for face-level ventilation, extraction being accomplished through the rear quarter panels. Instruments and switches are ergonomically disposed and you either like the arrangement or you hate it; personally I like it.

The steering wheel is adjustable and novel features are the drop-down bins (or knee protectors) and the infinitely variable speed wipers. The choke light incidentally lights, not when the choke is pulled out, but when it is time to return it ! The gear selector and handbrake are well positioned between the seats.

ON THE ROAD

This is a car to drive ! The engine starts easily and pulls all up the range. Silent when driven normally it emits, when opened up, a harder note to gladden the ears of the faithful. In the dim past this was the basis of the Formula 1 Brabham unit and appears in the Rover B5 mid-engined coupe which we all pray Lord Stokes will put into production.

The 3500 has a solid feeling under all conditions and the De Dion rear end makes for excellent cornering power aided by the superb Avon radial tyres, whose road-holding in the wet is exceptional.

The ride is a little soft but well damped, which may be the cause of the slight lurch given before the car settles to its line on fast open bends. The steering, lower geared and lighter than the 2000, has a variable ratio with a lower ratio on lock than in the straight-ahead position when the Rover runs straight as an arrow.

The gearbox selector has the usual position of P.R.N.D.2.1, with D fully automatic or manual selection of D 2 and 1 using it as a three-speed gearbox. With the power available selecting 1 and booting it brings 50 up in 7 secs. and 60 in 9.5, which means that the Rover will eat most sports cars for breakfast !

The brakes (unfortunately sometimes we have to stop!) are excellent at all times but, on the test car, emitted a strange grumbling noise occasionally as if they disliked being disturbed.

Service is required every 5,000 miles and a towing bracket is listed as an extra. I imagine the 3500 would make a fine towing car as it even has a gearbox oil cooler as standard. Quiet, comfortable and compact, with a vivid performance and a "best of both worlds" gearbox, this is an exceptional machine by *any* standards, and it's British !

BOOK REVIEW

ELEMENTARY CALCULATIONS IN BIOCHEMISTRY AND PHYSIOLOGY.

J. A. Barclay and K. White, Churchill. 1969. pp. 88. 20s.

The authors in the Preface comment on the effect, well-known to pre-clinical teachers, the number has of producing confusion (and often resentment!) in medical students. But alas! no concept or hypothesis can be used effectively except in quantitative terms. This short and carefully written book has the aim of reconciling afflicted students to elementary arithmetic by the use of step-by-step arguments and illustrations applied to the following topics: Measures of Composition; S.I. Units; Numerical Accuracy; Errors of Observation; the pH Scale; Equilibrium Constants; Electrode Measurements Calibration Curves; Osmotic Phenomena; Respiration; Circulation and Work; Electrolyte and Water Balance; Non-Calculations.

No criticism is made of the explanations of numerical manipulations required in quantitative treatment of the topics, but the physico-chemical content of the Chapter on pH could be more precise and that on Osmotic Phenomena is not correct. The final Chapter on Non-Calculations is rather strange, being composed of two examples, taken from physiology examination questions, for which the numerical data are insufficient to allow calculation of a result. The treatment of the second example, which commences: "A naked man is swimming upstream in a deep tropical river at a water speed of 2 m.p.h. . . ." and continues with various numerical hazards, is so solemn that it must be the driest of jokes.

These reservations do not detract from a most useful book which many students would find invaluable for their attempts at quantitative insight into the various topics.

W.L.G.G.

SPORT

SPORTS COMMENT

SPRINGBOKS GO HOME—OR SHOULD THEY ?

This is one of the great questions facing the British people at the moment. Guy's, being the equivalent of a University College and at the same time having a large Rugby fraternity, must reflect both the major sides in this dispute. Therefore, before we man the barricades, or act as stewards at the matches, we should look at the whole situation in perspective, and see if any compromise is possible.

One of the major fallacious arguments put out by the sports fiends is that sports and politics don't mix. Not only was this disproven by the Basil D'Oliviera affair, but the next argument of such exponents, that sporting links act as a bridge in both the ideological and political sense, also disproves this. Regardless of this the Afro-Asian world still regard such connections as visual proof of our continued connections with South Africa. Therefore, we must not be distracted from the fact this country is co-operating with and is economically deeply dependent on South Africa. We may no longer be selling them certain forms of armaments, but we remain the major foreign investor in South Africa. This simply means Britain at the present is still very much linked in practice with South Africa.

Why is there such fuss over such a minor issue as a rugby tour, one may ask? It is simply that it provides a focal point on which we may be caused to review our whole relations with South Africa. This appears to be the major cause behind the current Anti-Apartheid demonstrations.

Such demonstrations are of great value to this nation, not only acting as a platform for individuals to express their misgivings about the political arrangements in South Africa, but also with the world-wide news coverage, the nation is shown to be still democratic in allowing dissent from the country's policy. By accepting this one cannot condone violent demonstrations aimed at actively stopping the tour by force. Such action is merely reflecting the methods of South Africa, where an aggressive minority impose their views on the passive majority, or worse evokes a violent backlash from rugby supporters, or the police hired to protect the grounds and players. All this is far from the democratic processes we are attempting to uphold. It also distracts us from the purpose of the demonstrations.

In review of the reasons for maintaining our existing links with South Africa one starts with the most powerful, which is based on a national selfishness, that is we benefit greatly by our economic links with white South Africa. If we were to leave, we could be sure our competitors, Japan, Germany, France and Italy would step in, as indeed they have done in Rhodesia. Morally, there are powerful arguments for continuing our links, in that we do provide a liberal example, and could provide assistance to the liberal cause in the country. Finally, we should realise that although we may not agree with their solution, the problem they face, co-existence with a large African community is one we will soon face in our own multi-racial community. Also we must not ignore the fact that the world is growing smaller with jet travel, and Africa as a whole is becoming a closer neighbour to Europe, and South Africa is the only country where a large European population lives side-by-side with Africans. Their problems will soon be ours and we should start learning from their problems and avoid their mistakes and prejudices.

However, there are strong idealistic arguments for breaking links with South Africa and imposing economic sanctions against her which will cause her Government to change its ways. In practice this does not work in a world of human beings, as is shown in the case of Rhodesia.

As a nation we must really maintain our great tradition of compromise, and maintain our links. Positively, however, we could do much more to encourage the exchange of people between the two countries, particularly students, for there can be no doubt most South Africans who have visited European countries become much more liberal in outlook. Such, together

with the knowledge that the economic pressure caused by the need for more skilled workers, will ultimately free the African, as it did our own working classes. If individually this does not satisfy one's conscience, there are always openings for irregular soldiers in a guerilla army to fight in South Africa.

With all this we must view this Springbok tour in perspective. It is a small part of Anglo-South African co-operation and it only provides a useful opportunity to study the whole sphere of our relations with such a country.

1970 NEW BLUES

At a recent Blues Committee Meeting the following recommendations were made and subsequently accepted by the Clubs Union Council.

RUGBY FOOTBALL

Half : J. Stoneham, L. Turner, S. Challacombe, P. Williams.

GOLF

Full : D. L. Davies, D. R. Elliott.
Half : D. Rowley Jones, N. Davies.

BOXING

Full : S. A. Marsh.
Half : T. Reynolds, R. C. Croft.

SQUASH

Full : I. Mackenzie, A. K. Sutherland.

ATHLETICS

Full : A. Fallowfield, G. Voss.
Half : R. Walsh, K. Sommi, B. Jones, B. Smith.

BOAT CLUB

Half : A. Batch, P. Hunt.

HOCKEY

Full : M. N. Vellacott, R. H. J. Clark.
Half : R. A. G. Goodhart, O. R. Crafts, A. Winskill, A. Godfrey.

RIFLE

Half : D. K. Briggs, M. J. Borsberry.

ASSOCIATION FOOTBALL

Full : J. Wood, I. McLure, R. Lovell.
Half : J. Edwards, C. Baker.

CRICKET CLUB

Full : R. Goodhart, A. Gillham.
Half : M. Fordham.

SAILING

Half : G. Barker, R. Kinder, M. Bye.

SWIMMING

Full : G. Northcott.
Half : M. Adkins.

I. J. Morgan, Hon. Secretary, Blues Committee.

RUGBY

GUY'S 1st XV v. CHELTENHAM

22nd November. Away. Score: Lost 8—13.

This game was extremely important for Guy's as it was essential we maintain and improve on our form over the last two weeks. With Elliot at scrum-half, and an almost full strength Guy's side out (an almost unique experience this season), Guy's kicked off on a beautifully sunny afternoon.

Cheltenham were soon on the attack, playing surprisingly open rugby, and only fine tackling of the backs, especially at centre, prevented an early score. With ten minutes gone, Rowlands received yet another pounding around the face whilst making a very clean, brave mark. However, he soon recovered to play a well judged game at fly-half.

From a well controlled heel from the tight, Matthews, who played by far and away his best game for Guy's (with father "Jackie" watching proudly in the stand), made a classical break in the centre which almost resulted in a score.

Unfortunately, a slight lack of confidence was apparent in the Guy's performance, and Cheltenham were 10—0 up at half-time.

The second half was a different story. The "spirit" instilled in us by our newly recruited Irish colleague, really began to absorb the pack, and with them leading so well, Guy's began to pile on the pressure. From a scrum 15 yards out, Ross took a short ball from Rowlands and, somewhat characteristically, bounded over with the Cheltenham back-row clinging to his ample body. Elliot converted.

With a sustained team effort, Guy's looked now as if they were going to take the game comfortably, but a ten-minute period proved rather disastrous for Guy's. Firstly, Burlinson, taking the ball from a line-out, scuttled over for a try, got up from the morass of players with a pious grin on his face, only to find the referee pointing to the five-yard line for a scrummage within minutes, the Cheltenham centre got over the line, but found his way to the ground halted by Hey. However, this time the referee decided to allow the try.

A penalty by Elliot saw Guy's again within striking distance, but only a superb tackle by Sommi, who ran harder in this match than ever he has before, kept the Cheltenham score at 13. This was soon followed by another superb try-saving tackling on the line by Barough.

With Baker, whose experience makes such a difference to the pack, mopping up the line-outs, Guy's were throwing everything into the game, and even with Neville almost a passenger for the second half (injury caused naturally), and pack showed their superior drive and fitness over the Cheltenham eight in the last quarter.

Although the game ended with Guy's as losers, it had been a most enjoyable first-class game.

The team returned to London (without their "Irish duo"—stranded in the bar at Swindon), feeling confident once again that they can now take on any first class side.

Out of a real team effort, the centres were outstanding, as were Hey, Williams and Davies in the pack.

The renewed spirit and confidence (plus Mike Forbes) should pay great dividends in future games.

JOHN ROSS.

ANGELS XV

After their first defeat of the season against London Irish, the Angels were strengthened by the return of Rigg and Arnold for the match against the London Hospital. There was panic and confusion in the Angels' team before the match started, as fifteen enormous London Hospital players sprinted on to the field together. Several players tried to escape to the changing room and others required resuscitation before it was realised that we were on the wrong pitch. The London's 5th team was a much happier proportion than the 2nd and the Angels had their fourth convincing win of the season—41-0. Most of the points were scored by Rigg and Arnold despite the fact that the latter was playing with severe tonsillitis.

The following Saturday, the Angels travelled to Kingston to play against Lensbury "B". In the first half the Angels played probably their best rugby of the season with the forwards winning plenty of posession and the backs running well with the ball. The whole team played well and with much determination, winning the game 19-3. Rigg scored four tries with some powerful running. Two other features of the game deserve mention—Firstly the generosity of the opposition in lending us a player, Tom, a short-sighted Irishman playing his second ever game of rugby. Tom responded to the challenge in fine course rugby spirit, his moment of glory coming when he touched down for a try over the dead-ball line having not seen the actual try-line. The other feature worthy of mention was a good tactical kick by Howard—straight into the river Thames, thus giving his team a well-earned rest while the ball was retrieved by a passing oarsman.

Team: K. Howard, K. Malia, J. Handly, G. Dunbar, Tom, D. Arnold, D. Richardson, R. Kent, M. Hawkins, G. Bergman, F. Haines, D. Cripps, K. Rigg, C. Ryan, D. Davidson.

M.J.H.

ASSOCIATION FOOTBALL

GUY'S v. WESTMINSTER U.H. LEAGUE

Result: Guy's 4, Westminster 2.

Victorious in their opening two league matches Guy's faced their stiffest test so far against a strong Westminster side. The opening play was scrappy on both sides with Westminster having slightly the better of the game. M. Carter saved well at the feet of the opposing centre-forward and dealt competently with anything else that came his way. At the other end of the pitch the hospital hit the bar and were unlucky not to be awarded a penalty, although the referee was to make up for this decision later in the game. With the forward line coming more ino the game as half-time approached, the hospital scored. McClure making his only contribution to the entire match chipped the ball forward for Lindridge to run through and beat the goal-keeper with a fine shot. Despite further pressure no goals came and Guy's had to be content with a half-time lead of one goal. The hospital went further ahead straight from the restart, when S. Drage burst through on the left to score with a left foot shot inside the post. Predictably the side relaxed and were soon to pay the penalty. The Westminster centre-forward scored with a close header and followed it up with a fine solo run through the Guy's defence to slip the ball past the advancing goal-keeper. At this point Westminster were well on top but Guy's took the lead again, when the referee, no doubt stricken with remorse for his earlier error, awarded the hospital a penalty for a minor infringement. R. Lovell scored his second penalty of the season, and a Westminster defender had his name taken for casting doubt on the referee's judgment of the situation. A Valantine finally put the result beyond doubt with a fine left foot shot from the edge of the penalty area.

Westminster will probably prove to be one of the strongest sides that Guy's will have to face this season, and the two points earned in this match were very valuable. In defence both ful-backs, D. McConnel and M. Drew kept their respective wingers under control and the two centre-halves J. Edwards and R. Lovell made only a couple of slips during the whole game. M. Winter and D. Lindridge worked hard in mid-field as did A. Valantine and K. Munterbhorn up front. Special mention however, should be made of S. Drage whose fine return to form has silenced many discontented rumblings and M. Carter who must be one of the most talented goalkeepers in the league.

Despite the sound start to the league programme there is no cause for complacency. Wednesday's win was, by hospital standards, a narrow one, but if nothing else is learned from it, the team must now realise that nobody can relax with anything less than a four-goal lead and then only when playing the Royal Dental Hospital.

Team: M. Carter, D. McConnel, J. Edwards, R. Lovell, M. Drew, M. Winter, D. Lindridge, I. McClure, A. Valantine, S. Drage, K. Munterbhorn.

GUY'S v. ST. BART'S.

Saturday, 8th November. U.H.L. Away.

Result : Lost 5—1.

Producing easily their worst performance of the season, if not for several years, Guy's crumbled badly to be defeated heavily by a useful Bart's side. Perhaps the previous evening's festivities had taken their toll on the team, but even allowing for that, this really was an abominable display by a Guy's team previously unbeaten in the U.H. League this season. All members of the team must take some of the blame for the truth is that not one member of the side had a good match. Although two points were lost this game taught Guy's a great lesson in underestimating the opposition, and providing this does not happen again perhaps the afternoon wasn't so wasted after all! Just for the record, the Guy's goal was scored by Ian McClure in the last minute.

Team: M. Carter, D. McConnell, M. Drew, M. Winter, R. Lovell, J. Edwards, I. McClure (Capt.), S. Drage, A. Valentine, D. Lindridge, K. Muntarbhorn.

R.L.

GUY'S v. CHARING CROSS

Wednesday, 12th November. U.H.L. Away.

Result: Won 3—2.

There's no doubt about it, if its inconsistency you're after then Guy's soccer is the game to watch! Seriously though, there is no logic whatsoever in the results of Guy's games this season. After the previous Saturday's abyssmal effort against Bart's, the Guy's team showing only one change, succeeded in outplaying and defeating the hitherto unbeaten Charing Cross XI.

Guy's took an early lead through their well-known "once a fortnight" man Colin Baker. That 1—0 should be the half-time score is a travesty of justice, for Guy's had so much of the play that Martin Carter is reputed to have touched the ball only four times in the first-half. With Lindridge, Winter and McClure easily controlling the midfield, there was continual pressure on the Cross goal and the opposition goalkeeper showed his obvious class in pulling off several fine saves.

The second half saw Guy's again in control and after ten minutes the score became 2—0 when Drage netted from close range after a typical surging run by Baker. The latter was indirectly responsible for the third Guy's goal, succeeding with a penalty claim after being sandwiched in the area. From the spot, Lovell sent the keeper the wrong way to make the score 3—0. True to form, the referee, well-known of old by the Guy's team, managed to put Charing Cross back in the game with another classical decision. A clear case of shirt tugging on our goalkeeper managed to produce an indirect free kick against him, just seven yards from the goal line. Eleven men on the goal line failed to prevent the goal, and even a late goal from Bob Lennard, the U.H. striker, could not prevent Guy's from taking a well earned victory.

The final score of 3—2 does not really do Guy's any justice for they were always in control of the game, and it was really heartening to see the team return to form in such convincing style.

Team: M. Carter, D. M. McConnell, J. Edwards, M. Winter, R. Lovell, D. Lindridge, I. McClure (Capt.), S. Drage, C. Baker, A. Valentine, K. Muntarbhorn.

R.L.

GUY'S v. THE LONDON

Saturday, 27th November. U.H.L. At H.O.P.

Result: Draw 2—2.

Guy's were rather fortunate to draw with the London in a tough encounter at Honor Oak Park.

Play was very scrappy, with both sides struggling to get some authority on the game. Defences dominated, and neither goal was really troubled until Guy's went very close to scoring following two corners. Five minutes before half-time the London goalkeeper, one of six U.H. players in their side, left the pitch with a broken nose following a clash with Alan Valentine. One of the London defenders who was formerly a goalkeeper went in between the posts and for the second half London used a substitute.

The London took the lead ten minutes into the second half with a curling shot out of Carter's reach in the corner of the net. With the Guy's attack labouring against Steve Shalet, late of Corinthian Casuals, it seemed as though the one goal might well be enough for victory. However, Guy's equalised when Lindridge, after a good run, hit the bar and from the resulting mêlée McClure scored. This goal only served to spur the London on and the Guy's goal came under heavy pressure. With ten minutes to go the London scored again and it seemed that victory was theirs. The arrival of our supporter, the Florence Nightingale of Edgware, encouraged the Guy's team and with two minutes to go an optimistic effort from the wing by Muntarbhorn dipped into the far corner of the net and Guy's had snatched a rather fortuitous point.

No real star performances, but David Allison making his début for the first XI had a very steady game at right back.

Team: M. Carter, D. A. Allison, D. McConnell, M. Winter, R. Lovell, J. Edwards, K. Muntarbhorn, I. McClure (Capt.), D. Lindridge, S. Drage, A. Valentine.

HOCKEY

SPIROCHAETES v. OLD TAUNTONIANS

Sunday, 9th November.

Result : Drawn 1—1.

The emaculately dressed captain won the toss and elected to play into the teeth of a force nine gale.

Soon after the bully-off, the Spirochaetes' forwards were deep into the Old Tauntonians' territory, and after a very fine run up the right wing, Mike Boll made a superb cross which Bruce Mathlone (the spearhead of the attack) picked up with the ease of a real professional and hammered the ball past the bewildered goalkeeper.

Our team spirit was high even though shortly before half-time the heavens opened again. The spirit was raised even higher at half-time by the foresight of Mr. James Marsh, who provided both teams with hot brandy and orange juice.

This half-time refreshment went to the heads of the Old Tauntonians, who started to press towards our goal, but thanks to some fine stick work by Charlie Pearson and Mike Horrocks, ably supported by excellent footwork and body checks by Ade Gillham, the attacks were thwarted.

Eventually Gillham kicked for touch once too often, and from the free, hit the opposition spirited the ball into the net. A dumbfounded Richard Kendrick (our gallant umpire) was forced to award the goal, being momentarily at a loss for infringements.

This was the best game the Spirochaetes have played for a long time, and we managed to play as a team instead of eleven individuals.

After tea, Jim Marsh was duly elected an honorary Spirochaetes for services rendered at half-time, and then the evening's festivities were launched. We were introduced to several new games by our F.R.C.S. Spirochaete, Cardinal Puff finishing off all but the most resistant Treponemes.

A "smashing" curry rounded off a superb evening, producing many bleary-eyed operators at Guy's and elsewhere on Monday morning.

J.W.T.

Team : Bellamy, Horrocks, Gillham, Pearson, Smith, Walker, Boll, Friend, Mathlone, Fordham, Toplis. Umpire: Kendrick.

APOLOGY

The sports commentator wishes to apologise sincerely for the most regrettable error which concerned the football and hockey reports in the last edition. The latter club report appeared under a football heading. It is hoped all concerned will accept the apology and continue to write their important reports.

GOLF

SEMI-FINAL OF HOSPITALS CUP MATCH
GUY'S v. LONDON HOSPITAL

At Sundridge Park.

Score: 4 to 0 games. Guy's won.

Once again Guy's are in the final of the Hospitals Cup. After braving the elements—a strong wind, interspersed rain, hail and the odd flash of lightning, Guy's overcame London 4 matches to nil. This win perhaps avenges the defeat inflicted by the same hospital on Guy's in the semi-final last year, when Guy's were hot favourites.

In the top match, Dai Rowley-Jones won by one hole against a rather dubious opponent—a Registrar (no less) who played for the U.L. many seasons ago. After some very good golf in the early stages, R.-J. found himself four down after six holes, but aided by his opponent's loss of temper and an opportune shower of rain (his opponent had no umbrella), he finished winner on the home green.

The second match saw Guy's answer to Jack Nicklaus—Dai Davies, who made a welcome return to form, beating his opponent (a member of U.L. 2nd team) by 4 to 3. Dai, who hasn't hit form recently, due to his loss of side whiskers for M.B. vivas, has now restarted the growth, and is again getting the ball off the ground.

Neil Davies was playing number 3, as dependably as ever, against the Captain of the University 2nd team, also won 4 to 3. Neil was desperately unlucky not to get a "blue" at Cambridge, where his full potential wasn't realised. He is now, however, coming into his own.

Next, the playboy of British rugby, and captain of golf, Dave Elliot, who, after a tense struggle with some good golf, won the match with a magnificent pitch to the last hole. He is managing to combine a successful rugby season with the fine old game of golf.

James McKenzie, the secretary, featured in the last match. Search parties were being arranged when he and his opponent arrived about an hour late. After having played an honourable half, they were desperately concerned to play the 19th in the club house.

The opponent in the final will probably be Middlesex, but if the game takes as long to arrange as the last, the result would not be available until this time next year.

Dai Rowley-Jones.

WATER POLO

SWIMMING WATER POLO RESULTS

October 24th.—Guy's I v. Bart's. Won 9—1.

November 4th.—Guy's II v. George's II. Won 4—1.
Guy's III v. Charing Cross II. Won.

November 7th.—Guy's I v. King's. Won 8—4.

November 11th.—Guy's I. v. London. Won 9—0.
Guy's III v. London III. Lost 1—2.

BOAT CLUB

THE U.H. REGATTA, 26th NOVEMBER

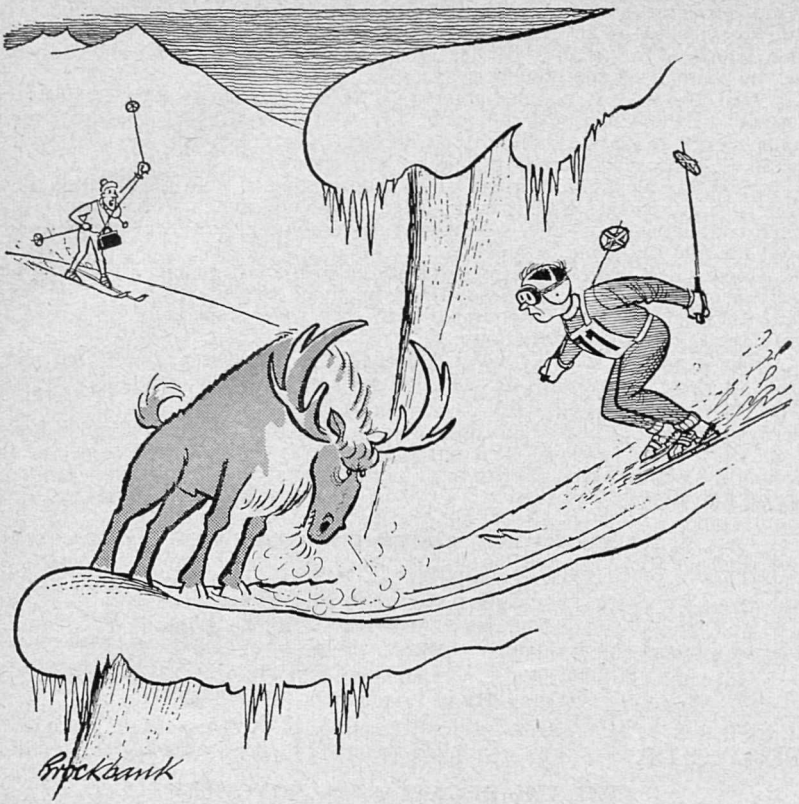
Guy's entered eleven crews for eight events, this year. They fought through to six finals of which they won a total of three, narrowly losing the others.

The Junior eight, ably stroked by Nigel Bax, the last year's Captain won, through the qualifying rounds with increasing confidence. So much so that they finished one round with feet out of clogs. In the final they met Bart's who had been hard pushed by the second crew in the semi-final. With the opposition well softened up Guy's went off smoothly but Bart's went into a one length lead. Guy's responded strongly and smoothly "powering" through to finish a length up. This is the first Guy's eight to win this event for some years.

The open four was a new crew formed mainly from the U.L. trialists. Again this crew used the first few rounds to smooth in together beating Thomas's then the London to reach the final against Middlesex. After dropping at the start a little, as seems to be Guy's fashion, they pulled out all the stops and climbed right back up. Unfortunately they left it a fraction too late for they were adjudged losers by two feet by the umpire from behind.

Paul Gooder won the Senior sculls in a fierce battle from Hayter of Thomas's. This trophy was last won by Lowein of Guy's some twenty years ago. With Giles Taylor (who tried valiantly in the Novice sculls) and Gooder we had high hopes in the Double sculls but in the final things did not click and Thomas's won their revenge.

Guy's had three crews in the Novice tub fours for people who had never rowed before. All rowed well, a credit to Guy's, due mainly to their coaches Mike Gleeson and John Bates, who have made them into very promising oarsmen. The "A" crew rowed superbly from being a length-and-a-half down to win the final by 3 lengths.



MERELY MORTAL

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The rugger four rowed intermittently and with spurts in the final against Bart's but succumbed, as did the stern four of the first Eight who rowed in the Junior fours to a fine crew from the London. Forty-two people rowed for Guy's and achieved a welcome measure of success which bodes well for the future.

CREWS:

1st Eight: Bow, G. Moulding, M. Denyer, K. Thompson, M. Hunter, J. Davies, G. Jackson, R. Hay, N. Bax (Stroke), F. Moorhouse (Cox). Stern Four also raced in Coxed Fours.

2nd Eight: Bow, J. Monson, M. Howes, W. Jaramanda, R. Newton, R. Pinckney, H. Fuller, D. Palin, D. Barker (Stroke), R. Ashman (Cox).

Open Coxless Four: Bow (steers) P. Robinson, A. Fenn, A. Batch, P. Moulder (Stroke).

Senior Sculls: P. Gooder; *Novice Sculls*: G. Taylor; *Double Sculls*: G. Taylor.

Rugger Coxed Four Bow, T. Ford-Jones, J. Ogle, K. Howard, K. Sommi (Stroke) R. Ashman (Cox).

Novice Fours "A" Bow, C. Price, N. McLeod, R. Elliot, E. Fox (Stroke), R. Ashman (Cox)

Novice Fours "B" Bow, P. Read, C. Pugh, M. Pollock, G. Puzinowski (Stroke), F. Moorhouse (Cox).

Novice Fours "C" Bow, F. Moorhouse, C. Howard, H. Jones, M. Thomas (Stroke), P. Lacey (Cox) P. Hunt, M. Gleeson and J. Miller were unavailable due to exams.

THE U.L. WINTER EIGHTS

A total of fifty-four people rowed in this regatta. At times the conditions were terrible with blizzards sweeping the course. The Open crew was a scratch crew of the U.L. oarsmen, with one or two others, of a very high standard. Unfortunately after a walk-over in the first round they came up against Middlesex in their beautiful Donoratico boat. Racing against the last of the ebb they went down a little at the start and could never manage to come back. With more practice they might well have won. Middlesex was not challenged as hard again and went on to win the final by four lengths.

Mike Gleeson formed an eight which was noticeable for the high standard of coxing by one James Mansie Esq. In spite of this they lost to Vet's in the Junior division. Vet's then came up against the other Guy's crew who had got through an earlier round on a disqualification. This was the winning crew from Wednesday save that Bax was ineligible to stroke. Hunter stroked and Hunt came in at four. Yet's were demolished well and Guy's came to the Final against Imperial College. Though Guy's rowed well the power and finesse of Wednesday was not there and they lost by a length.

Our high hopes in the Novice division were the second eight. Again they dropped a length at the start but fought back with the tremendous spirit that they have shown all term to narrowly lose to Bart's, the eventual easy winners, by less than half a length. The other crew in this division were the novices out of tubs. Nobody gave them a chance but right in the middle of the blizzard they did magnificently to beat Imperial College by a length. No such crew has ever done so well before and it was a pity to see them knocked out in the next round.

There is considerable strength and depth in the club at the moment. In particular, it is very satisfying to see such potentially fast crews as that in the open, racing for Guy's.

CREWS:

Open: Bow, G. Taylor, C. Collis, P. Gooder, N. Bax, A. Fenn, J. Miller, P. Robinson, P. Moulder (Stroke), T. Kirk (Cox).

Junior "A": As described.

Junior "B": Bow, C. Price, M. Nockles, J. Bates, J. Ogle, D. Gillman, P. Stevenson-Moore, J. Pook, M. Gleeson (Stroke) J. Mansie Esq. (Cox).

Novice "A": Second eight as for U.H.

Novice "B": Bow, P. Read, C. Pugh. M. Pollock, N. McLeod, R. Elliot, G. Puzinowski, C. Price, T. Fox (Stroke) P. Lacey (Cox).

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October, 1969

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Chung Hung Tseung, Chung Ying Chung	Royal College, Port Louis, Mauritius.
Dodd, Ingrid Helena	Canterbury Technical College.
Greene, William J.	Bishop Gore School.
Gryf-Lowczowski, Jan Victor D.	St. Joseph's College, S.E.19
Odle, Fiona Jane	Bexhill County Grammar School.
Owen, Amanda Mehefin	Gwendraeth Grammar School, Llanelli.
Read, Stephen G.	Coopers' Company's School, London.
Squire, John	Batley Grammar School
Tarbet, Nicholas M.	Belmont Abbey School, Hereford.
Tillman, Peter M.	Harrow School. Trinity College, Dublin.
Weingarten, Noëmi Joan	Montessori Gym, Cologne.
Wheeler, Martin M.	Mellowlane Comprehensive School, Hayes.
Williamson, John B.	Westminster School

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Bandak, Issa	Finchley Catholic Grammar School.
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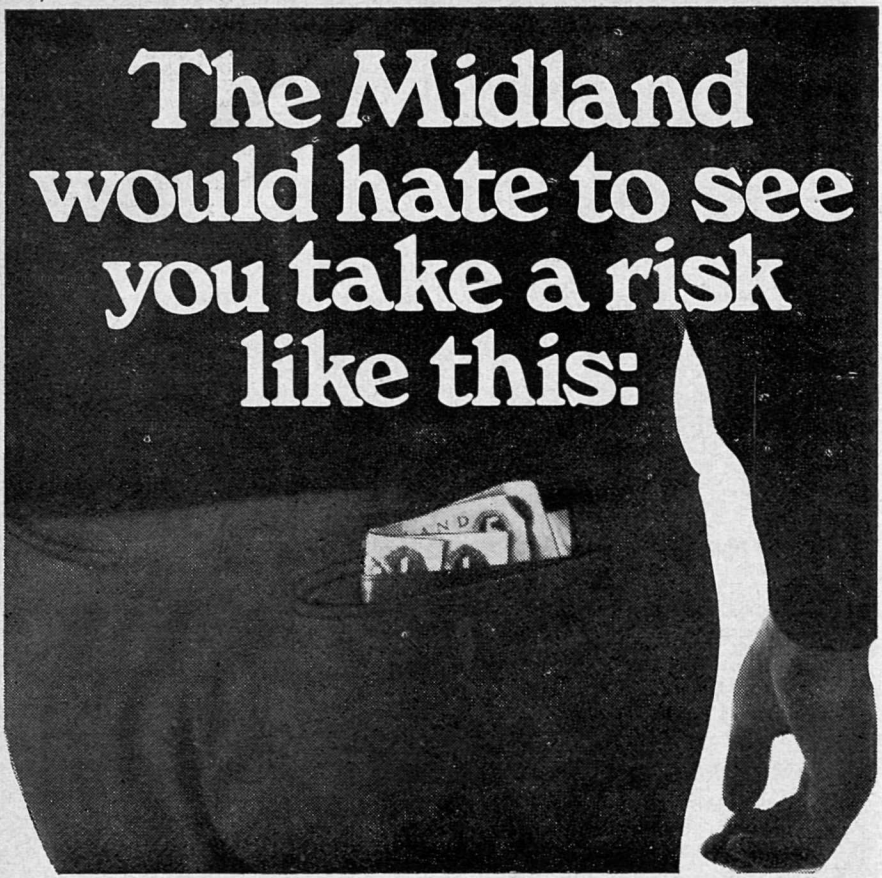
Botha, Roger A.	King Edward VI School, Stafford.
Brodie, David P.	City of London Freemen's School
Callender, Stephen C.	City of London School.
Cairns, Stuart R.	St. George's College, Weybridge.
Cardew, Sarah Melora	St. George's School, Hong Kong. Godolphin School, Salisbury.
Chinery, Christopher G.	Hastings Grammar School.
Chu, Anthony C.	Alleyn's School.
Clarke, John E.	Ellesmere College.
Comrie, Susan Eileen	Farringtons School, Chislehurst.
Crawshaw, Charles C.	Peterhouse, Marandellas, Rhodesia.
Darcy, Michael K.	Bridgend Grammar School.
Davies, Paul G.	Cheltenham College.
Dawkins, Keith D.	Bloxham School, Banbury.
Deacon, Rosemary Jane Leigh	Wentworth Milton Mount, Bournemouth
Dick, Alison Elizabeth	Horsham High School.
Dowle, Jeremy A. G.	Woolverstone Hall, Suffolk.
Du Plessis, Paul	Haileybury and I.S.C.
Durkin, Michael A.	St. Theodore's, Burnley
Fong, Keng-Lao	St. Louis School, Hong Kong. Concord College, Tunbridge Wells.



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Mozley, Charles R.	St. Marylebone Grammar School.
Muir, Victoria Robin Jane	Putney High School.
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Nicol, Philip R.	Wrekin College.
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Olczak, Stephen A.	St. Joseph's College, S.E.19.
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Pugh, Charles J.	Stamford School.
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Rowland, Raymond M.	Poole Grammar School.
Scott, Malcolm F.	Epsom College.
Sebel, Peter S.	St. Dunstan's College, Catford.
Sharman, Melanie Grace	Woking County Grammar School.
Stalley, Nicholas J.	Gillingham School, Dorset.
Simpson, William A. C.	Upper Canada College, Toronto. University of Toronto.
Sireling, Lester I.	Westminster City School.
Thomas, David M.	John Mason High School, Abingdon.
Thornton, Timothy J.	Woodhouse Grove School, Bradford.
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2nd M.B.—Combined Course

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Milner, Stephen M.	Hackney Downs School. Guy's Dental School.
Ross, Graham C. D.	Latymer Upper School. Guy's Dental School.

Clinical Students

Ackroyd, Richard S.	Dulwich College. Trinity College, Cambridge.
Brownlee, William C.	Dulwich College. Emmanuel College, Cambridge.
Collis, Christopher H.	Shrewsbury School. St. John's College, Cambridge.
Davies, John C.	The Judd School, Tonbridge. Fitzwilliam College, Cambridge.
Day, Thomas K.	Leeds, Grammar School. Gonville and Caius College, Cambridge.
Edwards, David W.	Sir Antony Browne's School, Brentwood. Gonville and Caius College, Cambridge.
Farrow, Simon J.	Uppingham School. Worcester College, Oxford.
Fitzpatrick, William J. F.	Epsom College. Fitzwilliam College, Cambridge.
Jackson, Leslie K.	University College School, London. Clare College, Cambridge.
Jenkins, William J.	Birkenhead School. Jesus College, Cambridge.

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Tanner, Andrew R.	Bedford Modern School. Queen's College, Cambridge.
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Weller, Hazel Jane	Roedean School. Newham College, Cambridge.
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1st B.D.S. Students

October, 1969

Bailey, Richard G.	Priory School, Shrewsbury.
Barnes, Trevor B.	The Thomas Bennett School, Crawley.
Baugh, Heather Margaret	Horsham High School.
Clarkson, Elizabeth Jane	Croham Hurst School, South Croydon.
Danford, Martin H.	Epsom College.
Dean, Ian S.	Southend High School.
Emberton, Ann Michele	Virgo Fidelis Convent, Upper Norwood.
Escott, Francis J.	Wimbledon College.
Francis, Roger M.	King Edward VI School, Norwich.
Gregory, John A.	Mander College, Bedford.
Harvey, Peter W.	Cranleigh School.
Hirji, Hassanaly K. A.	Queen's College, Taunton.
Hodgkinson, Peter	Crewe County Grammar School.
Jackson, David R.	Hymers College, Hull.
Moulding, Geoffrey	Ellesmere Port Grammar School.
Martinsen, Dag	Drammen Gymnas, Norway.
Munks, Neil R.	Rushcliffe Boy's Technical Grammar School, Notts.
Pigot, Ernest L.	Wigan Grammar School.
Robinson, David B.	Alleyn's School.
Rosenvinge Kolderup, Knut	Hartvig Nissens School, Oslo.
Schlotel, Anne	Guildford County School.
Shaw, David F. S.	King Edward VI Grammar School, Chelmsford.
Thomas, Huw F.	Bablake School, Coventry.
Willis, Stephen J.	The International School, Geneva.
Willmer, Paul A. J.	Rydal School.

2nd B.D.S. Students

October, 1969

Allison, David J.	Crawley College of Further Education
Amarshi, Amin Kassam	Aga Khan Boys' School, Tanzania.
Bateson, Stephen M.	Lancaster Royal Grammar School.
Beardsley, David J.	Northampton Grammar School.
Bellingham, Jean Alison	Fairfield Grammar School, Bristol.
Bernays, Geoffrey F. R.	Oundle School.
Breen, Michael J.	John Fisher School, Purley.
Broadbent, Michael S.	Mount St. Mary's College, Derbyshire.
Brummell, Michael	Nottingham High School.
Chasak, George A.	Blundell's School.
Cottingham, Kenneth J.	Bridgnorth Grammar School, Salop.
Crang, Jane Olivia	Godolphin and Latymer, London.
Day, Philip A.	Alleyn's School.
Dodsley, Graham G.	High Pavement School, Nottingham.
Druett, Trevor J.	Cirencester School.
Dutton, Ian C.	Croesyceiliog Grammar School, Mon.
El Jabari, Nabil Mohammad Ali	Braintree College of Further Education.
Elliott, Robert A.	Gowerton Boys' Grammar School, Swansea.
Faulkner, Richard K.	Kingswood School, Bath.
Fell, Robert C.	Bishop's Storford College.
Fox, Edward G.	Plaistow Grammar School.
Greenway, Clark J.	Wycliffe College.
Hartley, Raymond	Christ's Hospital.
Hayward, Joseph R. T.	Blundell's School.
Hooley, Margaret Patricia	St. Maur's Covent, Weybridge.
Hoyos, Desmond F. M.	The Lodge School, St. John, Barbados.
Ibbetson, Richard J.	Lancing College.
King, Nigel M.	Loughborough College School.
Lacey, John P.	High Pavement School, Nottingham.
Lewis, Robert N. B.	Pontllanfraith Grammar Technical School, Mon.
Likimani, Sopiato	Kenya High School, Nairobi.
Maini, Vipan K.	Arnold School, Blackpool.
Matthews, Nicholas P. C.	Eastbourne College.
McCarthy, Cianan Patricia	Poles Convent, Ware.
McDermott, Peter J. C.	Dulwich College.
McDonnell, Timothy P.	St. George's College, Weybridge.
McQuillan, Richard G.	Reigate Grammar School.
Miller, Robert H.	Bedford School.
Milner, Robert J. D.	Dudley Technical College. University College of Wales, Aberystwyth.
Mitchell, Malcolm A.	Chesterfield Grammar School.
Mohamed, Yunus	Livingstone High School, Cape Town.
Morris, Michael D.	East Barnet Grammar School.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Vocational Training Courses provide one or two years in rotating hospital posts, and one year in a selected training practice, with day release schemes for group training and clinical attachments.

Courses are increasing in number, and are at present held in Belfast, Birmingham, Caithness, Chichester, Glasgow, Guildford, Inverness, Ipswich, Kettering, Livingston, Manchester, Mid-Sussex, Newcastle, Northampton, Swindon, Thanet and Wessex.

Further details can be obtained from Dr. Alan Gilmour, M.R.C.G.P., B.M.A. Career Service, B.M.A. House, Tavistock Square, London, W.C.1.

ONE OF THE PERSONAL SERVICES OF THE B.M.A.

O'Connor, Geraldine Fiwula	Ursuline High School, Brentwood.
Page, Brian J.	Christ's Hospital.
Portelly, Michael L. V.	Prior Park College, Bath.
Price, Christopher J. L.	Ewell County Secondary School.
Puzinowski, George R.	Cirencester School.
Quilty, Anna Maria	Poles Convent, Ware.
Rigby, Stephen N.	Brunts Grammar School, Mansfield.
Ross, Richardus F.	Lurgan College, Co. Armagh.
Royce, Catherine Margaret	Harrow County School.
Sachedina, Shafik H.	Aga Khan Boys' School, Tanzania.
Sheppard, Kevin A.	Brooklands Technical College.
Smart, Susan Elizabeth Alberte Marie	Windsor Girls' School, Hamm, Germany.
Spencer, Diana Esther	City of Westminster College.
Tan, Jonathan	Bromsgrove School.
Titchen, Peter L.	King Edward VI School, Birmingham.
Westwood, Barry J	Epsom College.
Wills, Sandra Jane	Haberdashers' Aske's School.
Yeates, Gordon	West Buckland School, Barnstaple.
Zukowski, Janusz B.	*Thornleigh Salesian* College, Bolton.

PERSONAL

FURNISHED FLAT to let at Brockley, S.E.4. Preferably married couple. Conveniently situated near bus routes and Brockley Railway Station. Upper 5-roomed flat on two floors consisting of 2 bedrooms, lounge, kitchen, box-room, bathroom and toilet. £10 10s. 0d. per week. Apply Rev. R. J. Frost, 52 Ferndene Road, Herne Hill, S.E.24. Telephone: 274 5001.

SMALL Manor House in one acre garden adjoining Golf Course, near sea and yachting facilities. Fast commuter service to City and West End. Close to Motorway, M.2. Picturesque setting. Five bedrooms, study and large lounge, dining room, Oakbeamed ceilings and of great character. Central heating, all mains services. Ideal country house for London Consultant. £16,000. Box Number 1/12.

TWO furnished flats; available for married couples. Near Honor Oak Park Station short journey to London Bridge. Write initially to Miss J. Crewdson, St. Mary's College, The Park, Cheltenham. References required.

BIRTHS

McILLERON—On 16th November, in Johannesburg to Jill (née Joslin) and Geoffrey McIlleron a son, a brother for Jane, Helen and Anne.

WATERS—On 14th November, 1969, at Capthorne Maternity Hospital, Shrewsbury to Val (née Quant, S.R.N.) and Denis B. Waters, a daughter Suzannah Joanne, a sister for Timothy.

DEATHS

BOSWELL—On 12th November, suddenly in a Bath hospital, Philip Rutherford Boswell, M.C., M.A., M.B., B.Ch., formerly of Bickley, Kent, and Peebles. Aged 80.

BRUCE—On 15th November, 1969, suddenly, Robert Atholstan Bruce, M.A., D.M. (Oxon.), M.R.C.P., aged 45 years. Consultant Physician, Wharfedale Area Hospitals, Yorkshire.

CURTIS—On Sunday, 26th October, 1969, Ernest John Bennett Curtis, L.D.S., R.C.S. Eng., of 3, Cartwell, Branksome Park, Poole.

MOSCARELLA—On 15th October 1969, at Lancing, Sussex, Miss I. Moscarella, S.R.N. (Guy's).

SHACKLE—On 1st November, 1969, peacefully at home, John Walker Shackle, M.A., M.B., B.Chir., of 14, Moneyhill Road, Rickmansworth, Hertfordshire, aged 72.

CHANGES OF ADDRESS

J. K. Donald, Esq., L.D.S., "Roscarrick", Milnthorpe Lane, Winchester.

Captain and Mrs. Alan Eastburn, Sycamore Lodge, 3, Becket Close, Woodside, London, S.E.25.

Major R. C. Francis, M.B., M.R.C.O.G., D.T.M.&H., R.A.M.C., Department of Obstetrics, Military Hospital, Catterick Camp, Yorkshire.
36, Northumberland Avenue, Craighall Park, Johannesburg.

Dr. A. H. Knight, 6 Marine Park, Bognor Regis, Sussex.

Dr. Pedley retired on 30th April, 1969 and has closed his dental practice. Kindly note address to which any correspondence should be addressed.

Dr. and Mrs. C. C. Penney, 22, Pymers Mead, Croxted Road, Dulwich, London, S.E.21.

Dr. A. J. Rosin, Gedera Hospital, Gedera, Israel; and Home 3, Hagra Street, Rehovot, Israel.

Dr. and Mrs. R. H. Thacker (R.A.F.), R.A.F. Locking, Weston-super-Mare, Somerset.

PAPERS BY GUY'S MEN

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

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GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 83 NUMBER 2124

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Guy's—A Tribute

You who work at Guy's are part of it and you understand it. To a patient it is a puzzle. He is admitted, charted, labelled and is quickly absorbed into the machine. He has his operation/treatment. Then, he begins to look around and listen. He sees a strange medley of buildings, some old, some new. To him it does not seem quite like the life in hospital that he imagined. Modern methods of making the practicabilities efficient make it more like a conveyor belt system in a factory. He sees the hurrying and bustling and knows the never-ending twenty-four-hour routine and watch; the trolleys carrying the unconscious; the shadowy uniformed figures, some in caps and gowns. He hears the clang of the ambulance bell and he thinks about that. He tries to analyse it all and as he recovers health he is concerned more and more with adding it up and finding the answer.

I was lying on my bed in a rosy haze of an afternoon siesta, my operation behind me, getting well quickly as a result of the skill and care of them all, pain obliterated and smoothed away, when I looked at my watch and thought . . . there is half-an-hour before that beautiful smiling blonde will come in with my tea-tray and I am giving myself up to this—I am going to find out!

Weaving a charm world of the faces I had come to know around me, I saw them in a new light. Uncapped, ungowned, darting happily around amongst crystal bowls and shimmering retorts, ladling in piles of rainbow-scented blossoms; each one adding some special ingredient of their own. All busy—doing what? Distilling—an essence, of kindness and of love.

Then I knew that amongst this old pile of buildings which is Guy's Hospital, a great heart beats. It is not mechanical and it never falters—kept pulsating evenly and truly by the humanity of the distillers.

I came away made fit and well and grateful. They gave me back some splendid health and a bonus, too.

They had sprayed their perfume on to me, never again would I fail to find the human kindness in the world around me. And finally, I thought . . . "It was good for those of us who have been here."

PAINFUL CRY

Dr. Wilfred Splunge is one of a fading generation of General Practitioners. Not for him the E.C.10 or M.R.L.41 M & B 693 would ring a bell. However, since 1947 all B.M.J's. have been thrown straight into the wastepaper basket or behind the grandfather clock upstairs depending on which floor he is on when his post-prandial gastrolcolic reflex catches up with him on a Saturday morning. Fortunately, perhaps, he has now retired. Having practised in an age when one could run a practice on the various cations of Potassium, Sodium, Mercury and Arsenic, it is indeed a pleasure to go and talk to him. Until 1947 he did all his own surgery and since his retirement he still retains a use for his surgical instruments which is an education in itself.

His patients have grown old with him and for the modest fee of ten shillings and sixpence, paid in cash, he will syringe their ears for them. The syringe employed is not the classical type. It is made from a No. 3 Magill suction nozzle which has been slightly modified and fitted to the rubber tubing at one end of an enema pump. The other end of the pump is put into a milk jug full of warm water. By squeezing the rubber bulb a stream passes through the nozzle that would gladden a G.U. surgeon's heart. Dr. Splunge has found that this works beautifully.

Dr. Splunge is a widower and so, naturally, there is no one to get the end of his pyjama cord back for him when it disappears into the dark recesses of his pyjama bottoms. All his problems have been solved by his trusty Moynihan Cholecystectomy forceps. I have put it to him that it would be better to tie a knot in the end of his cord but the old doctor refuses to be denied a surgical thrill.

Recently I visited him when he was ill and to my surprise saw that over the rail at the foot of his bed was hung a board to which was attached his TPR chart. On closer inspection this turned out to be a modified Doyen suprapubic retractor. Two holes had been bored through the handle and to this was affixed a piece of three-eighth ply.

He has a considerable sense of humour and when I asked him what he did with his proctoscope he immediately replied that he used it for looking up old friends. On further consideration, however, he thought that by fitting the instrument up at each end with a suitable lens it could make quite a respectable opera glass.

They don't make 'em like Splunge any more.

A NEW CONCEPT IN SURGERY

An oat cell lesion was recently admitted to the wards complaining of a nine-month history of patient. The lesion was indeed found to be a patient and on visual biopsy was found to be keratinised all over and suffering from acute inflammation of the lesser tract and a considerable amount of severe combustion had taken place at the upper extremity.

Surgery, preferably operative, was carried out. The patient was formulated and sent for assessment to Mount Palomar. The oat cell lesion has since made a good recovery and is proliferating well. The major post-operative complication has been one of wild oats which has been well controlled by giving all attendants cynical oestrogen therapy.

SEASONAL WISH

The weeks have sped away and only days are left to count before Christmas is upon us. For many a period of rest, for others reflection and revelry are the order of the day, an unsurpassable event of the calendar. It remains for us to wish all of Guy's at home and abroad, a truly enjoyable Christmas and every good wish for 1970. We thank our readers for their continued support, contributions and criticisms throughout the year; and also thank Charles Clarke, Tom Treasure, Thomas Barnes, James Pitt-Payne, Neil Mcleod and Elizabeth Tanner for giving life to the bulk of this issue.

GUY'S DIARY

JANUARY

2 F. 1.00 Clinical Lecture. Mr. LEWIS.
"Some recent advances in Obstetrics and Gynaecology."

CHRISTMAS ARRANGEMENTS

Tuesday, 23rd December

7.00 a.m.	Ward Communions in New Guy's House.
4.00 p.m.	Dressers' Tea and Ward decorations.

Wednesday, 24th December

7.00 a.m.	Ward Communions in all wards in Hunt's House.
4.00 p.m.	Dressers' Tea and Ward decorations.
11.00 p.m.	The Blessing of the Crib and the Midnight Eucharist in the Hospital Chapel.

Thursday, 25th December

6.00 a.m.	Nurses' Carols in the wards. (Tea and biscuits in the Dining Room at 5.45).
7.00 a.m.	Holy Communion in Nuffield House, York Clinic, and Nurses' Sick Room.
7.00 a.m.—7.25 a.m.	Breakfast in the Nurses' Home.
7.30 a.m.	Day Nurses on duty.
8.50 a.m.	Holy Communion in the Hospital Chapel.
10.30 a.m.	Morning Service in the Hospital Chapel.
12 midday	Patients' Christmas Dinner.
1.00 p.m.—2.00 p.m.	Resident Domestic Staff to lunch in the non-resident Staff canteen.
1.00 p.m.	Nursing Staff Christmas Dinner in the wards.
3.30 p.m.—4.30 p.m.	Patients' and Staff tea in the wards.
7.30 p.m.—8.30 p.m.	Nursing Staff supper in the wards.
8.15 p.m.	Christmas Show in the Physiology Theatre.
	All day nurses to be off duty and out of the wards by 10.15 p.m.

Friday, 26th December

2.00 p.m.—4.00 p.m.	Visitors' teas in the wards.
2.30 p.m.	Christmas Show in the Physiology Theatre, Staff only.
8.15 p.m.	Christmas Show in the Physiology Theatre, Staff only.

KISHTWAR HIMALAYA EXPEDITION

by

CHARLES CLARKE

Charles Clarke has just returned from leading the Kishtwar Himalaya Expedition to an unexplored mountain range in Kashmir. The Mount Everest Foundation sponsored the two-month trip and Guy's Hospital Medical School was generous enough to allow him to take part in it.

We are publishing some of his letters written during the expedition :—

Camp on the Brammah Glacier,
Kishtwar, Jammu and Kashmir State,
India.

25th September, 1969.

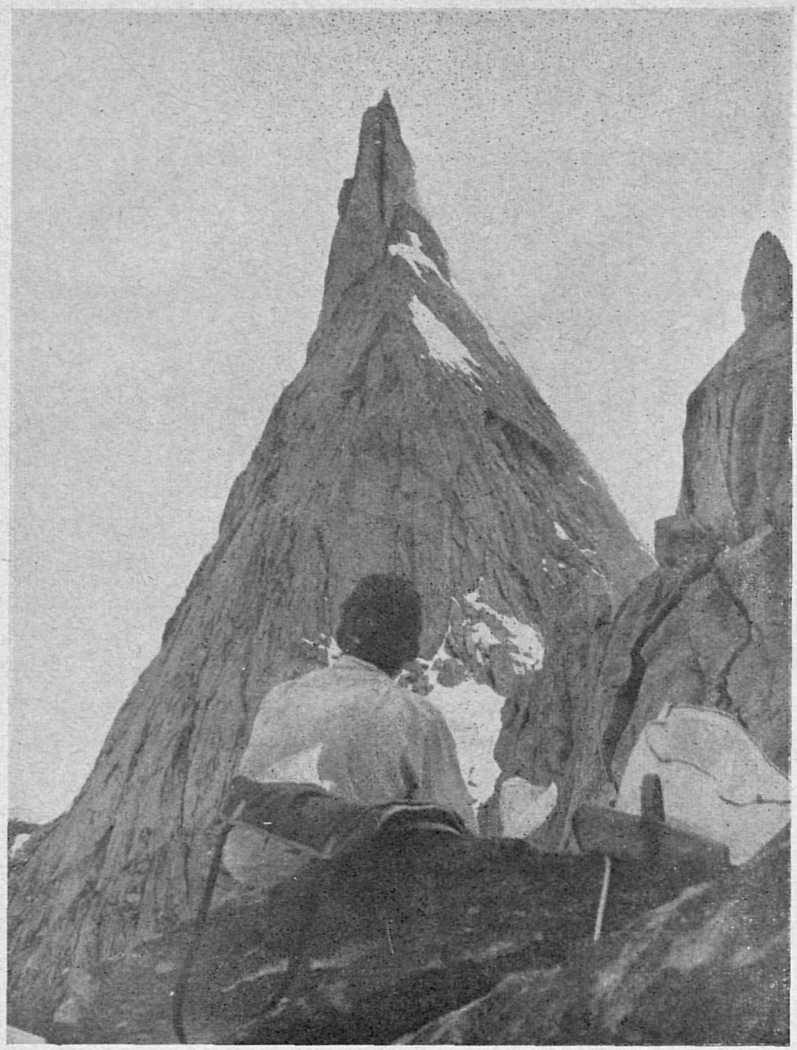
I'm nearly asleep as I write this, but it's midnight under a full moon, so bright that I need no candle. We returned here just over an hour ago having climbed a superb 17,000-er, descending the four miles of glacier in this eerie light.

Last night was beastly. Our little camp was cut into an ice terrace high on this glacier; bitterly cold and frightening, for the ice is very mobile, discharging noises like pistol-shots every half-hour or so. Up to a breakfast before dawn, at 4.30 a.m. and a groggy start to the day nearer six. The peak was about four thousand above us, the summit a crooked spire of rock that looked very spectacular and tottery; we moved fast up the west ridge, unroped over easy ground for four hours, hardly stopping until we reached the base of the summit spire, jutting out from its arête like a crooked finger. Brilliantly clear day; look east miles into Zaskar, west towards Brammah, the highest peak around, still three or four thousand higher than us; warm too, when the sun was on us. Down on the snowfield to the north, a line of tracks led high, skirting crevasses, up and over a small col. Ibex, or maybe their hunter, the snow leopard ; we never saw them.

The ridge looked nasty, so we roped; but it wasn't. A foot of powder snow brushed easily from the rocks, leaving my shirt covered in some new growth, crystalline and pendulant, melting gently as we gained the crest and the sunlight. Barbara, John Harris's wife, felt

CHARLES CLARKE at 16,000 feet above the Brammah Glacier

Camp at 17,000 feet



A rock spike of 18,000 feet

unwell, so we left her safely on a sunny terrace at 17,200 feet while John, Kiran Kumar (our Liaison Officer) and I had a look at the final 200 feet. A steep pillar, soaring almost vertically above the ridge, which proved to be a quite difficult rock climb which landed us, in turn, on a summit so small that to stand was impossible. Bliss, and such a panorama of high mountains before us, including the great peaks of Kiar to the north, twenty miles away which we shall visit next month; all unexplored, all unclimbed.

A 60-foot abseil from the summit to a small ledge, with three thousand feet of nothing below our feet. Down, down all through the

afternoon and back to camp. Kiran sliced his palm on his ice axe, needed two stitches, and by evening we were ready, sewn up, the camp packed up, and off through a maze of crevasses in the dusk. An hour of stumbling before moonrise, then firmer footsteps down the moraine to a tiny stream, just freezing. It was 10.30 p.m. when we pitched camp in a meadow beside it, and the primuses began to roar. Tea and tsampa (ground roasted barley), then supper. Goodnight, and God I'll sleep tonight.

Three weeks later, in the Kiar Valley :

Camp I—Wakbal, 15,000 feet,
Kiar Valley,
Kishtwar, Jammu and Kashmir.

15th October, 1969.

What hell this is, lying in a tent in a snowstorm that has already been going for 24 hours. Thick cloud outside on the ridge and in here it's dripping gently and mercilessly over most of the kit and us. John and I have just finished the third game of "battleships" of the morning, in which the Holy Fleet of Don John of Austria slaughtered the Saracens. John is now back reading Runciman's History of the Crusades, there's tea brewing and because I've left my Houston, Joiner and Trounce in Base Camp five miles away there's nothing better to do than write these rather gloomy letters. Cigarettes : two left.

The day before yesterday we were higher up the same ridge of this 21,000-er, on reconnaisance, and turned back happily at about 17,000 with high hopes for the future. Stupidly we left £50 worth of climbing gear up there, now covered in two feet of fresh snow—so it's a matter of no idle speculation whether or not the weather will clear up !

16th October, 1969.

Same camp, more snow. This is exasperating, still thick, muggy cloud outside and rather wetter within. It's beginning to get a little doubtful whether we will be able to descend at all if this snow continues, so gradually we have come round to the idea of scrapping this camp and setting a compass course down the two thousand feet to the glacier. Very depressing this, but better not to end our days in the chaos of this wet tent.

17th October, 1969.

Descent yesterday frightful. Falling over every few yards. Shins feel as if the Newnham hockey team have been at them. Down on the flat of the glacier, more encouraging, but all in a blizzard; at least it's flatter. Four streams of melting ice to wade. Number two had micaceous quicksand on either side and I ploughed through with mud up to my hips, in abject terror. Back to base camp soaking to the waist and bloody cold. But there's a fire going in the little goatherd's hut where we live and our three lads from the villages soon brewed coffee and a meal, the remains of a sheep we caught ten days ago.

The Last Few Steps

19th October/20th October, 1969.

Brilliantly clear last night after another day's snow on the 18th. We're off again, mainly to get the equipment back, but maybe we'll get up that 21,000-er or one of its lower summits. Heavy loads to re-establish Camp 1 and the snow still making for very difficult going. Saw eleven Ibex so close we could have shot the lot; large, powerful animals with three-foot horns arching backwards; glorious in the morning sunlight.

We climbed a 17,000-foot satellite of the big mountain on the 20th, in clear, cold weather, easy till the last snowfields, which were utterly exhausting. Richer men, too, by £50 as we carried down our lost gear. Now it's *home*. A day to Base Camp, then down the valley to the forests and eventually a bus stop 60 miles away.

c/o His Highness the Maharaja of Drangadhra,
3, Tyagraja Marg,
N. Delhi.

26th October, 1969.

Seven days ago, John Harriss and I began the long journey to England from the summit of an unclimbed peak in the Kiar Valley in Eastern Kashmir. We looked for the last time eastwards to the highlands of Zaskar and moved off down the ridge in silence : it was all over, this nirvana of a valley we had explored for a month, russet in the autumn. How I wished—I see in my diary—that I could fly straight home to bacon and eggs, Mum and Dad, a new nephew called Charles. Seven months away from England, even in my second homeland, India, is a long time.

But our return march was not the tedium I anticipated. Two days brought us to Base Camp in the meadows of Prul Maidan—and God, what the hell is in the tent? The carcasses of an Ibex and a Musk deer, shot by Radha, our cook, carrier and closest friend, with some of his pals from down the valley. Fresh meat and feasting for two nights until we came to the village of Kiar, when Radha disappeared for a few hours; returning looking utterly exhausted and more dishevelled than the usual mop of hair and filthy clothes should make him. Drunk—NO; just the other pleasures of life in the village !

Forty miles on to Kishtwar and the bus stand. Three days of intense hospitality in every village—gargantuan meals—punctuated for "the doctor sahib" by acute generalised urticarial reactions with gross facial and laryngeal oedema. Alarming, these, because I could only guess that Ascaris was the cause, and extraordinarily unpleasant; i.v. hydrocortisone seemed to relieve things dramatically and a dose of Alcopar chased away the little bastards.

So, we're back in Delhi, filthy after 24 hours in a bus, to be greeted by a pile of mail and the news that I have made the print in the *Guy's Gazette* (*Kanjirobi,* October 10th).

Goatherd wives of Prul Maidan

Immensely enjoyable trip, this two months after the monsoon in Kashmir. Four unclimbed peaks of 17,000 to 18,000 but none of the big ones which go up to 21,000 feet. Two of the party unable to come because of illness, so just John and I for most of the time. Thirty miles of unexplored glaciers at the head of this most enchanting Kiar Valley with some utterly exhausting terrain : great tumbled moraines of rock and ice which slither about under the feet and cut your boots to pieces. Then the mountains, most of them in the south so goddam steep that they just drop sheer into the valley floor ; so would we perhaps, had we attempted them. We stayed on the northern side trying hard to get at a fine 21,000-er. A three-day snowstorm settled the matter, confining us to a camp perched on its south ridge at 15,000 feet and wrecking the previously excellent snow conditions higher up. A pity not to end the exploration of the valley by climbing one of its highest summits, but there were compensations.

Closest to my heart is that face of glee of Radha, our cook, slaughtering a wild sheep with an ice axe; the two-hour chase ended on a steep rock-face up which neither could proceed further; so, hors d'oeuvres of the liver and lungs and heart, dinner with the legs and shoulders for breakfast. Add sheep-stealing to my list of crimes; skinning it won't aid me on the way to Final M.B. in six weeks' time.

So back to Delhi, happy and tired for four days at a typewriter, packing and preparing to get home to England. John has a three-week drive ahead of him; for me, a Mandrax on the Boeing and I'll be back in the big smoke. So see you in the bar next week, God willing.

DIVERSION

' Fools Rush In '

"Pertinax," said Aunt Agatha, "Are you now a Real Doctor?" "Yes, aunt," replied Pertinax, " If this evening the cry went up, ' Is there a doctor in the house?' it would be my duty to respond." Aunt Agatha muttered something that sounded like "Fools rush in," and applied herself to her programme.

Pertinax glanced idly round the concert hall; it was definitely not his idea of a celebration to see Sir Bultitude Baton conducting on his hundredth birthday, but Aunt A. was not a bad old trout and had sound views on food and drink; her choice of seats was less satisfactory, from the upper box it was impossible to see the face of the girl with the gorgeous hair in the second violins. However, he had had a good dinner, was pleasantly drowsy, and could contemplate his future glorious career in peace. (. . . " Sir Pertinax Perforans was mercifully present on this occasion, and at the famous performer's side in a moment" . . .). Sir Bultitude took his place amidst the plaudits of the audience; 'cellos led the orchestra into the dreamy strains of the first movement, Pertinax following them into the rosy glow of the future.

. . . . . .

Suddenly, there was a crash and Pertinax started up to see that the tympani had, on this occasion, been augmented by the contact of Sir Bultitude's spare form with the platform. It was a matter of seconds only for Pertinax to leap from the box and, snatching a trumpet from its astonished owner, to sink on his knees by the side of the unconscious centenarian. Heart sounds came there none. Beckoning to the First Horn, as having a good respiratory excursion, he demonstrated in less than four seconds the most efficient method of administering the Kiss of Life, and started to open Sir Bultitude's shirt. This was, unfortunately, impossible to do at short notice, as the wearer was of the old school, and the front inseparable from the studs owing to its resemblance to sheet-iron. There was not a moment to be lost, so Pertinax merely tore off the tie and wing collar, and applied himself to cardiac massage through the glacial expanse occasionally reminding the First Horn that it was unnecessary to turn the present recipient of his breath over from time to time to "empty him out".

Minutes passed, the First Horn had been replaced by the Second Horn, then by the Trumpets, followed by the Woodwinds, and Pertinax began to realise that even he might soon have to call upon the Kettledrum to relieve him for a short space. The rest of the

orchestra sat mute, the audience silent and amazed, reporters were writing shorthand at a tremendous speed, and even a quiet little man who had come on to the platform murmuring "Sir Bultitude's personal geriatrician", was stunned into inaction by the brilliance of Pertinax's technique.

After what seemed like hours, Sir Bultitude stirred, his right hand straying feebly towards his chest. Signing to the Piccolo to desist, Pertinax bent down to catch the barely audible syllables from the trembling lips, ". . . Angels . . . fear . . ." Of course, the old man could not realise his deliverance, and was fumbling for some religious medal. Tenderly, the younger man slipped his hand beneath the now battered shirt-front and drew out a small disc, a gesture which brought forth tumultuous applause from the over-tensed audience and orchestra, and as he did so, his eyes fell upon the words, "Please do *not,* repeat *NOT* attempt resuscitation." As the eyes of Sir Bultitude opened and fixed him with a venomous stare Pertinax closed his own.

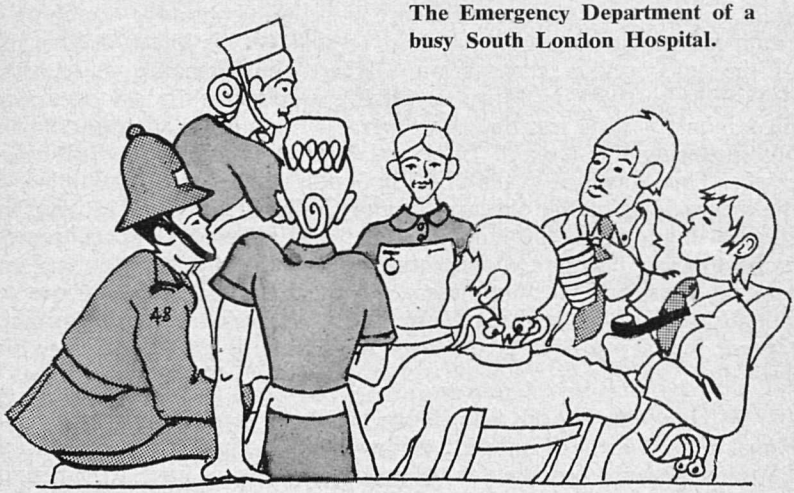
. . . . . .

The thunderous applause continued, and Pertinax felt a sharp poke in his ribs: "Wake up," said Aunt Agatha's voice. Pertinax opened his eyes and looked down on to the platform where Sir Bultitude was shaking hands with the Leading Violin. "I think we will go down to the bar," said Aunt Agatha; Pertinax agreed.

. . . . . .

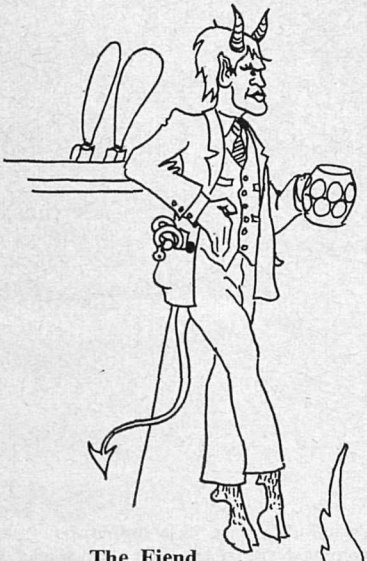
. . . . *" the casualty crowd."*

The Emergency Department of a busy South London Hospital.



T.T.

. . . . *how we see each other*

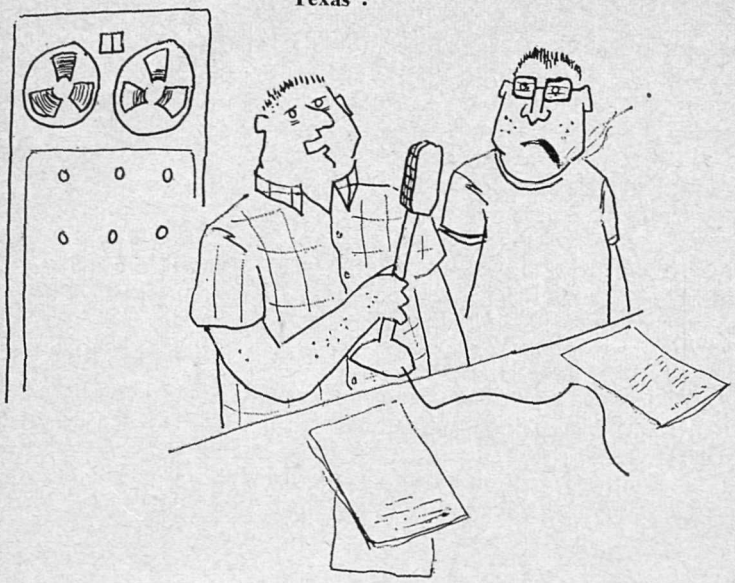


The Fiend

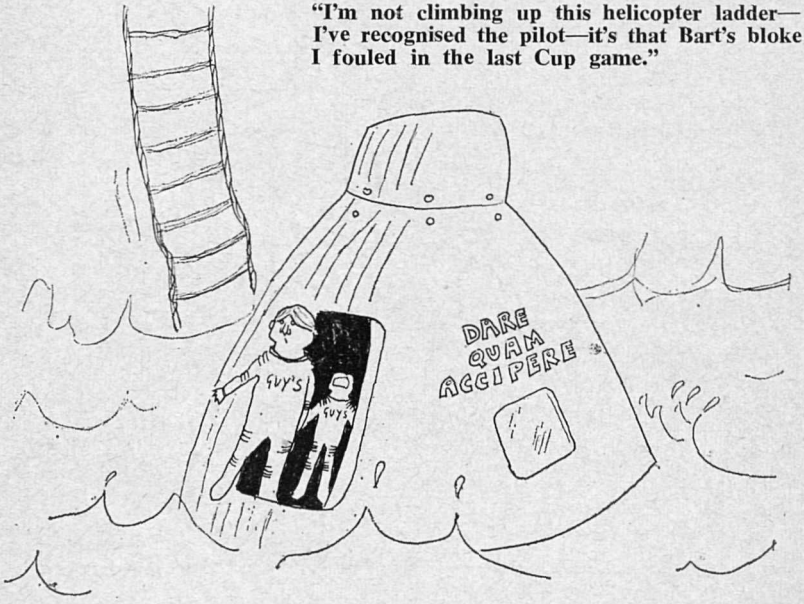
The Angel of Mercy

T.T.

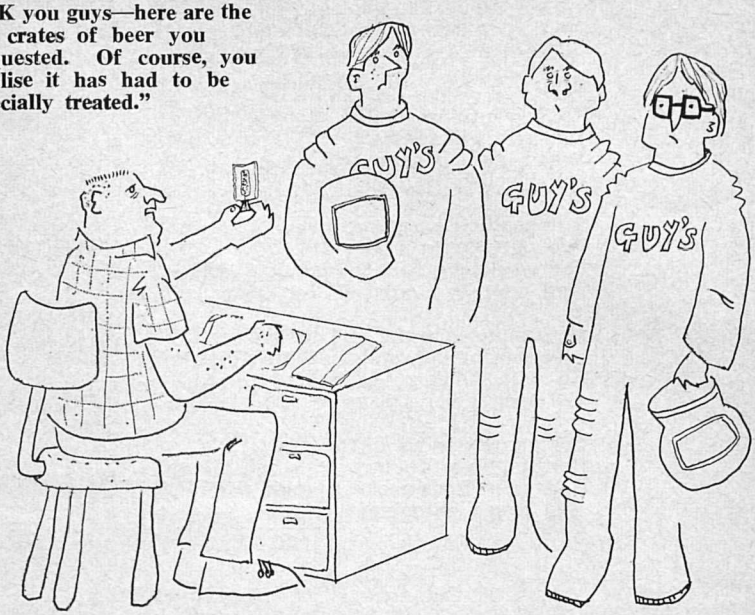
"What do you mean, 'Blimey, it's the Dean'? I said, 'This is Mission Control, Houston, Texas'."



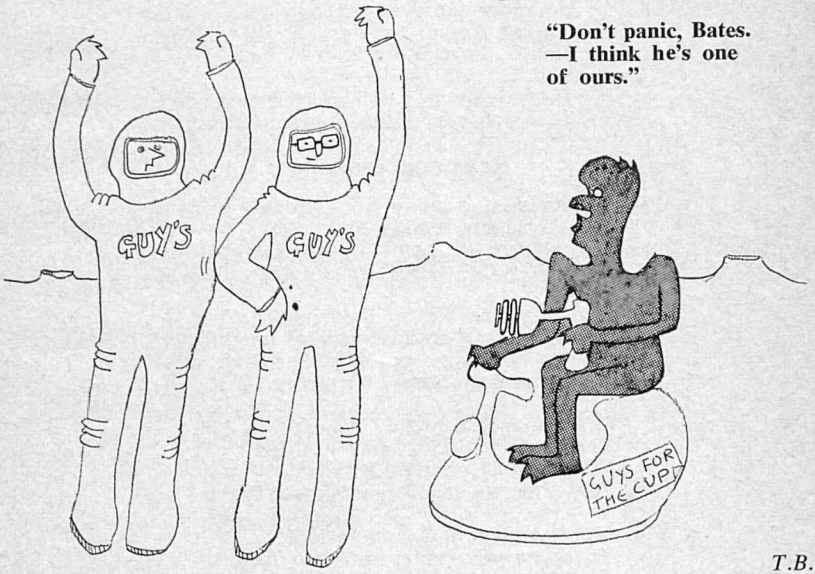
"I'm not climbing up this helicopter ladder—I've recognised the pilot—it's that Bart's bloke I fouled in the last Cup game."



"OK you guys—here are the 12 crates of beer you requested. Of course, you realise it has had to be specially treated."



"Don't panic, Bates. —I think he's one of ours."



T.B.

A Christmas Message

Fred Smith's 'ad an 'eart attack,
He's lying in bed ten,
He's very nearly eighteen stone,
Let's make him slim again.

He's eighty-five and still alive
To live another day.
His love of food
Was ne'er so good,
He's feeling well and gay.

But hearken academic pals,
We put him in a fix,
For weeks he had five-hundred cals,
And now he's crossed the Styx.

He simply lost the will to live,
His twilight life held pleasures small,
No wife, no fags, no beer, no food,
We took away his all.

So let us ponder on this tale,
Remembering doctors with one breath
Can sometimes make a spirit fail,
And cause iatrogenic death.

The Party

Sitting amongst a group of people on a Saturday night, and contemplating a festive mood across the sea in a tropical land.

The din of people talking
And fag smoke in my eye,
No room for even walking
So hot I want to die.
This is the modern form of fun
And no one seems to see
That sweltering without the sun
Is a waste of time to me.

N.M.

Retrospectoscope

In times of poverty and stress
One feels one needs M.B., B.S.,
But what's the point of this degree
With M.R.C.S., L.R.C.P.

The tale's as old as time itself,
The student's chronic lack of wealth
Makes him work so he'll be free
From mental stress of poverty.

With housejob tucked beneath his belt
The need to worry was not felt.
"Conjoint is enough for me,"
And then he failed his third M.B.

The moral of this tale is clear
To those who really want to care.
For those whose fancies flee away
There's always L.M.S.S.A.

Death's Castle

An architectural valuation of the skull, and a repudiation of the superstitions surrounding it.

Dusty chinks, caverns and pale walls,
Life once enclosed has gone from your halls,
And now below parapets pitted and brown
Hollow blank crypts are staring down.
By flying buttresses they are shored
Their socketed senses now are flawed.

Unsealed vault and arching dome
Where frail haunting spirits roam,
Thy bleached facade's a reminder grim
Death's mask to our kith and kin.
Cold affront horrid to behold,
Yet no horror in the thin walls old,
For silence lurks behind the pall
The mark of time now past recall.

Men shelter their brows at your ghastly sight,
Their eyes are sightless, blind, not bright,
They see not the words by the temple light.

And speaking not of their chiefest dread,
Their tongues are lost in a damp mute bed,
By the falsehood of unspoken words they led.

Turning their heads they hear not the song
Their muffled ears deaf to the gong,
Unhearing their pitiful stay they prolong.

Their chosen deception filtering out
The musk of spoor-odour you leave about,
And all life's sweet perfumes they know not to doubt.

I have it now, sight, sound and all,
Dull smell of relapse in the room where you fall.
Now halted life's kernel, a once bitter taste,
No longer strikes chords of fear and waste.

My eyes, not blind, have shown me the path,
A new mind accepting your wrath.
Low barred dungeon whose stone is rolled,
The secrets of wisdom for us they unfold.
Soft whispers of truth which fill the air
Mask the trumpeter sounding there.
The crunch of marching step is dull,
All is seen, I gaze on the skull.

N.M.

OBITUARY

MISS FAY LEZARD

"We are all near to death. But in my friends
I am forewarned too closely of that nearness."
Siegfried Sassoon.

Fay Lezard made many friends at Guy's, both within and beyond the Department of Psychological Medicine. Her sudden and tragic death on 23rd November came as an appalling shock to us all.

Miss Lezard first came to Guy's in 1962, having graduated from Witwatersrand University in South Africa, where she was born, subsequently having completed her graduate training as a Clinical Psychologist at the Institute of Psychiatry in the University of London. She came to us from a training post at Belmont Hospital, and immediately and enthusiastically assumed full responsibility for the vast burden of clinical psychological work required for the Department of Psychological Medicine. She went to Stanford University, California in the Autumn of 1966 to take up an invited Fellowship, returning to Guy's two years later with a Master's Degree in her subject.

At the time of her death she was due for promotion to Principal Grade at this Hospital, where all the necessary recommendations had been unanimously approved and forwarded to the Ministry of Health.

She will be remembered vividly and personally for her outstanding zeal and loyalty, and for the warmth and generosity of her affection; as well as for her professional skill, flexibility and courage. While of an amiable disposition, with an ironic and compassionate sense of humour, she was never afraid to stand up and be counted on any contentious issue. She will be deeply mourned by her many friends and colleagues, remembered with respect, and never forgotten.

D.S.-C.

CORRESPONDENCE

Springboks Go Home—Or Should They ?

SIR,—The argument for a compromise in our attitude to South Africa, as advanced by your correspondent in his article about the Springboks, is identical with that used by apologists for imperialism, viz., "We regret the necessity for supporting the intruders, but we badly need the money. Furthermore we are convinced that they need protecting against the cruel French (Russians, Germans, Japanese, etc.)"

If your correspondent intends to imply that racial intolerance is not a simple one and is not confined to the whites, then I am in full agreement with him. But the rulers of South Africa have been as cold-blooded in their policy of exclusion as Hitler was in his. If we are to face-up to the multiplicity of racial conflicts that surely lie ahead, we are hardly likely to be in a position to influence the situation if we have orientated our name and prestige from the position that it is better to close one's eyes where high profits are at stake. In the long run this makes us not only accessories after the fact, but is also tantamount to underwriting a policy based on the premise that there is not justice, but only the rule of force.

We have it in our power to force the rulers of South Africa to concede certain elementary rights to the coloured peoples. Shame on us if we turn our heads for fear of devaluing our dividends!

Yours truly,

D. D. STALFORD.

Carlton,
Bonehurst Road,
Horley, Surrey.

Senior 2nd M.B. Students' Party

SIR,—I am sure that all of my colleagues in the pre-clinical departments, who were able to accept the kind invitation of the senior 2nd M.B. students to their party on 9th December will agree with me that it was a most delightful occasion. Such ambitious parties have been the vogue now for some five or six years, but I do not think that I have attended a more enjoyable one than this year's. The amount of trouble which the student committee concerned takes to raise adequate funds, purely from the students themselves, and to arrange the elaborate decorations and most hospitable fare is much to be praised. It would be individious to mention any particular people by name, and I must content myself with expressing my own personal appreciation and that of my wife in the warmest possible terms. This is the only occasion when a large body of students and a smaller, but still remarkable number of staff, come together socially for a few hours, which is not only enjoyable for all of us, but is bound to do a great deal of good in what is officially known as "communication" in this School.

Yours sincerely,

ROGER WARWICK.

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, S.E.1.

Suggestions Wanted

SIR,—With regard to a suitable name for the "Tower Block", would it not be good to call it after a famous old Guy's name like Bright. We have Hunt's House; might we not have Bright's Block or something similar? It would probably be best to keep to a simple name and not have a double name.

Yours sincerely,

J. GAYMER JONES.

1, Girton House,
Manor Fields,
Putney Hill,
London, S.W.15.

London Dirt

SIR,—Can it be Mr. Charles Howard imagines that our Park Benches are scrubbed more frequently than the seats of the City's Public Transport Vehicles, that "London's Dirt" is positively forbidden to fly through our windows, or that indeed the dust and grime of our Metropolis *dares* not enter the portals of Guy's Hospital.

May I be bold and enquire whether, when Mr. Howard aspires to clinical studenthood, he intends to simulate the nurses, and have his suit cleaned twice a week, and when he clerks his patients, are we really to believe he will be donning a fresh "pinny" every day?

Yours faithfully,

WENDY ROBERTS.

School of Nursing,
Guy's Hospital,

Tick or V.S.

SIR,—It is with a little sadness and disappointment that I have followed in your correspondence and sport sections the apparent decline in many of the Guy's clubs, coupled with lack of enthusiasm by its members. It is only on leaving Guy's that one realises how lucky the students are to be able to participate in all the various sporting and other activities that Guy's has to offer.

To run a successful club it is essential to have efficient officials, who see to it that team and club notices are posted in good time. The various team captains also play a tremendously important role, for it is up to them to make sure, by personal contact if need be, that he has a full team, an umpire, travelling directions, etc. He has to build his team into a unit, so that the members of the team enjoy playing and look forward to playing again. It is up to the captain of the club to make the various teams and their members feel part of the club and to make them feel proud of the club's record.

Finally it is up to the members of the club to support their officials, so that their efforts are not frustrated.

I would like to finish with a plea that reports of the various matches are regularly reported in the *Gazette*. Hockey Club, please note!

Yours faithfully,

DAVID C. E. LOADER,

Captain of the Guy's Hockey Club, 1963-64.

Trekungagatan 15,
S-442 00 Kungälv,
Sweden.

BOOK REVIEWS

THE PATTERN OF VERTEBRATE EVOLUTION,
by L. B. Halstead: Oliver and Boyd. pp. 209. Price 30s. (cased 60s.)

In spite of the publishers' statement that the series to which this book belongs ("University Reviews in Biology") is designed primarily "for students, for graduates in Biology who wish to have the latest information on topics outside their own special fields of study . . . " the present volume presents a summary of recent work in the field of vertebrate palaeontology which, in many places, presumes a very considerable knowledge of vertebrate zoology in general and palaeontology in particular. To those who possess this background, this book can be recommended as a guide to the recent literature, but it is definitely not "introductory".

In the space available, the author cannot be expected to debate the merits of the alternative hypotheses and theories that he mentions, and as a result his assertions that one view is correct and the other incorrect, appear dogmatic. How far his conclusions, and thus the patterns of evolution which Dr. Halstead discerns will be acceptable to his fellow palaeontologists is another matter.

G.E.H.F.

THE MANAGEMENT OF DENTAL PRACTICE.

Edward Samson. p.p. 340. 1969, Henry Kimpton, London, 70s.

" Progressive Practice" by Edward Samson was first published in 1931, and the sound advice given then served as basic philosophy for practice for many thousands of dentists who qualified since that date.

Here is an almost completely rewritten book by the same author acting as a guide through the bewildering maze of professional and government regulations, codes of conduct, behaviour, and the complexities of modern practice. It is a virtue of this volume that it could be read with profit by the members of any profession. There is much in it about how a professional man should conduct himself in the best interests of his patients, and hence in the long run of his practice.

There are excellent chapters on the General Dental Service, financial management, self-presentation, stationery, correspondence and records, staff, law, ethics and behaviour, etc. The advice given in all these is essential knowledge, and even an old hand, as this reviewer is, was shocked to discover, for example, how little he knew (if anything) regarding the Contracts of Employment Act, 1963. In fact the section on the employment of Staff is excellent, and there is much helpful advice regarding staff holidays and pay. There could be a little more, however, concerning pay during staff sickness.

Throughout there is an emphasis on ethical conduct, and it is made clear that this is, in fact, nothing else than acting always with the courtesy and commonsense indicated in every situation by Mr. Samson. I believe that every dentist will be the better for a refresher into real "old world" courtesy, alas, fast disappearing.

There is much with which there must be disagreement especially with regard to the author's attitude to present trends in dentistry, e.g. his reluctant recognition of the role of the dental hygienist (whose introduction in this country may eventually be regarded as the most enlightened innovation in dentistry of the last decade and which has potentially given us at least a ten to fifteen years' lead in preventive dentistry over the rest of Europe), and his attitude to the expanding duties of the dental assistant—(the only references to four-handed dentistry are quotations from the British Dental Association). However, there is so much good sense throughout the book that one would wish the General Dental Council to make a present of a copy to each newly-registered dentist. It might save them (and us) a lot of money in the long run. Until that happy day, we shall all have to buy a copy, and at today's costs, 70s. is cheap insurance. It should last a lifetime. J. O. FORREST.

ESSENTIALS OF HUMAN EMBRYOLOGY.

F. D. Allen, O.U.P., 356 pp. Price 85s.

The second edition of Dr. Allen's descriptive account of human development in pre-natal life, has regrettably undergone expansion. The text now lacks the concision which presumably the author originally aimed at. Space is also yielded to explaining what is meant by monerula, ductus caroticus, diocele, and other uncommon terms. But more importantly the very frequent use of bracketed phrases and variant naming systems makes the text disjointed and difficult to read. At times, all sense is lost because of this stylistic device (pp. 130, 164) in what claims to be a synopsis of organogenesis. The numerous black and white drawings will not appeal to everybody. A good deal of the shading could usefully be scrapped with a gain in clarity. The sections on neural, intestinal and genito-urinary development in particular suffer from opaque illustration.

There are, however, several good accounts of human malformation, which are appended to the relevant sections on normal development. Nevertheless, only two and a half pages are given to the possible mechanisms of teratogenesis, which is somewhat perfunctory for a book of this size and cost. Those prepared to spend the money and read, out of interest, an extended account of human development, would be advised to purchase Hamilton, Boyd and Mossman's authoritative work, although this is no longer necessary for satisfying the examiners in the 2nd M.B. examination.

M.B.

LECTURE NOTES ON ENDOCRINOLOGY.

Review. R. F. Fletcher, Blackwell Scientific Publications, Oxford and Edinburgh, 277 pp.

There has been a need for a small up-to-date book on endocrinology for medical students. This volume partially fills that need. It is one of the admirable Blackwell lecture note series—admirable that is if you like the telegraphic style. It would of course be of more use if the reader had also been to the lecture.

Generally speaking a fairly up-to-date account of modern endocrinology is given and the usefulness is extended by the use of a sensible bibliography. I was glad to see that the hyperlipidaemias now form part of endocrinology but a simple classification would have helped this section. The chapter on pituitary disease was poor as compared with the remainder in particular there was no mention of the use of plasma and urine osmolarity measurements in the dianosis of diabetes insipidus. There is no guide to the indications for testicular biopsy, the significance of circulating anti-adrenal antibodies in Addison's disease was not mentioned and the use of hormone implants was not considered in the section on androgen therapy.

These are minor points which do not significantly detract from the usefulness of this book to medical students but I cannot recommend it for postgraduate reading. M. N. MAISEY

CLINICAL ASPECTS OF AUTONOMIC PHARMACOLOGY.

Paul Turner. Heinemann, London. 1969. pp. 169. 32s.

During the last decade there has been a great increase in the clinical applications of the previous fifty years' laboratory research into the pharmacology of the autonomic nervous system. In addition, further momentum has been given to work on molecular mechanisms and drug design by the application of biochemical techniques to this field. Dr. Turner has timed his writing of this book very nicely and summarised the current situation concerning the action of the autonomic nervous system and autonomic agonist and antagonist drugs in man at a stage when it is impossible for the non-specialist to keep up with original papers.

The book is brief, clear and most enjoyable to read. I found the most useful chapter was "Autonomic Activity and Blockade in Disease". In this, Dr. Turner describes not only the vascular respiratory, gastro-intestinal and occular systems, but includes endocrine disorders, the central nervous system and psychiatric disease. There are few references, and these are mainly of review articles. This is a disadvantage to research workers who might wish to examine the original evidence for source of the statements in the text. However, the book is an admirable summary of this field, and as such can be recommended to pharmacologists and clinicians. ROY SPECTOR.

CLINICAL PHARMACOLOGY (Dilling), 22nd Edition.

Stanley Alstead, J. Gordon Macarthur and Thomas J. Thomson. Bailliere, Tindall and Cassell, London. 1969. pp. 776. 50s.

Natural selection appears to operate on medical textbooks, and a book which has reached its twenty-second edition must be filling a real need. This edition of "Clinical Pharmacology" should be of great use to both students and practising clinicians. The text is remarkably concise yet easy to read. In addition, each section dealing with a group of drugs, includes a small list of preparations available for clinical use with their recommended dosage.

As well as chapters on the different systems of the body, there are useful chapters on general pharmacology (including structure—activity relationships), diagnostic agents and the law relating to drug prescribing. The standard of the chapters is uniformly good, but the section on antibiotics is excellent. In writing this book, the staff of the department of Materia Medica at Glasgow have demonstrated the enormous (and increasing) use of drugs in contemporary therapeutics. The reader will have no difficulty in grasping the importance of clinical pharmacology. ROY SPECTOR.

NOTICES

Guy's Hospital Ladies' Association

May I, through the "Gazette", thank all those who so generously contributed to the success of our Christmas Market by their donations, gifts and help.

MINI CAR WINNER: Miss Stanley, 4, Montpelier Court, Montpelier Road, Ealing, W.5.

The following sums of money were raised :—

	£	s.	d.
Profit on Mini Car Tickets	507	5	7
Donations to Christmas Market	182	11	0
Admissions to Christmas Market	13	10	11
Refreshments	22	12	0
Stalls :			
Groceries and Produce	67	0	10
Clothes Good as New	66	13	1
Jewellery	55	4	0
White Elephant	55	13	6
Tombola	120	0	0
Christmas Gifts	124	11	2
Kitchen Boutique	120	1	7
Bath and Beauty Preparations	34	4	1
	£1,369	7	9

This money will be used to provide extra comforts to the patients.

M. K. Salmon, Hon Secretary.

Guy's Hospital Reports

A special number of the Guy's Hospital Reports (118/3), in honour of Dr. Peter Bishop on the occasion of his retirement from the Endocrine Department, Guy's Hospital, has been published. The contents of this number include :—

The relation between the central control of appetite, growth and sexual maturation—Gordon C. Kennedy.

Studies on the biosynthesis of ovarian steroids—Ian F. Sommerville and William P. Collins.

Carcinoma of the thyroid—Guy Blackburn.

Radiation-induced thyroid disease—S. McHardy Young.

Addison's disease : A clinical study—M. N. Maisey and N. H. Lessof.

Addison's disease at Guy's Hospital : A pathological study—Irene Maisey and A. Stevens.

Endocrine abnormalities in chronic liver disease—P. W. R. Harris.

An assessment of Bovril as a stimulus to the secretion of human growth hormone—G. J. A. I. Snodgrass *et al.*

Some anomalies of sexual differentiation—Enrique Dulanto Gutierrez and Cesar Chavarria B.

Mammalian meiosis with special reference to man—G. M. Jagiello and P. E. Polani.

The calcitonin story—R. H. Savage.

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Each number, 12s. 6d.

Annual subscription, £2 2s. 0d.

SPORTS SECTION

SPORTS COMMENT

A 1969 SPORTS ROUND-UP

GROUSE TIME

It's bad to begin with a grouse, but it's a sad reflection on certain clubs which fail to inform anyone except their innermost cliques as to their activities. Not a note or word has reached the *Gazette* as to the activities of the Lawn Tennis Club in 1969. Only one report each has been received from the Sailing Club and Table Tennis Club. So please send in more reports if only to generate more interest in your own clubs.

Here one must compliment those clubs who have gone out of their way to ensure the *Gazette* has up-to-date reports on their events. In particular, the Football and Boat Clubs—Dick Lovell and Peter Hunt should receive the credit for their respective club reporting.

WHERE HAVE ALL THE SPORTSWOMEN GONE?

During the year the girls' activities, such as athletics, swimming and table tennis are mentioned only in passing. What has happened to the womens' hockey team, or netball team. One is left with the impression that a Guy's sportswoman is an almost extinct creature. Surely with all the nurses physiotherapists, not to mention our delicate female medical students, Guy's should be able to muster more sportswomen, or have they all gone to sportsmen. Every one?

GUY'S SPORTING PRE-EMINENCE

Finally even with all the grousing, and exhortations for more activity from the apathetic student body, Guy's should realise that it is probably the strongest Sports College in London University, exhibiting enormous diversity in its collective talents.

See the titles Guy's have obtained:—

Runners-up in the Senior U.H. Rugby Cup for second year.
Winners of the Junior U.H. Rugby Cup.
Runners-up in Soccer U.H. Cup.
Winners of U.H. Swimming Gala, Male events.
Equal first in U.H. Water Polo League.
And won U.L.U. Knockout Cup.
The Boat Club won three out of six finals in the U.H. Regatta.
The Athletic Club has won the U.L.U. Championship Cup.
five years running, and U.H. Shield six years.
The Women Athletes won the female U.L.U. Cup.
Winner of the U.L.U. Golf Championship Cup.
This was all done in *1969*!

INDIVIDUAL CLUBS

RUGBY

The season's close was blighted by some bad club results, but ended After starting favourites for the Hospitals Cup they lost in the final for the second year running, this time to Bart's. To some extent this was compensated by the 2nd XV winning the Junior Challenge Cup again this time from Bart's 2nd XV.

The end of last season, although blighted by some bad club results, ended in spectacular fashion in the seven-a-side matches. The Dental and U.H. sevens were won, and in a tremendously close match Guy's just failed to win the Middlesex seven by losing to Richmond.

This new season has brought great changes in the 1st XV and to its fixture list. A good win against U.S. Portsmouth, and fine performances against Cambridge University and Bedford, show Guy's has still great rugby potential. From us all let's wish Captain John Ross and his team best wishes in the coming Cup matches. Don't forget they need spectators to support their matches.

Let us not forget the Club as a whole, each Saturday, seven teams are representing Guy's on the rugby field, maintaining the club's position as the largest single sports club in Guy's.

SOCCER '69

Last winter's season saw a quite healthy result form, the 1st XI ending second to George's in the U.H. League. This new season has no U.L. fixtures, the games replaced in a more efficiently run U.H. League. The new 1st XI has many new faces, due to the old hands leaving Guy's. However, the team is maintaining a good winning form.

SWIMMING SCENE

As has been mentioned, in 1969 Guy's won the most points in male events in the U.H. Gala. However, the swimming club's great strength is reflected in the powerful water polo teams which finished equal first in the U.H. League, and had a fine season in the University first Division.

ROWING

This season is our club's 125th season, and to celebrate it, the crews have produced some great results. Although 1969 produced some shaky but encouraging performances at the beginning, the last part of the winter season has produced some really great wins in the U.L.U. and U.H. regattas. What is most encouraging is that 54 people rowed in these regattas, showing some enormous interest in rowing at Guy's.

BOXING

But for the efforts of Sam Marsh, 1969 would have seen the eclipse of Guy's boxing club. However, with his efforts and the dedication of his fellow-boxers, Guy's boxing club is entering a fine period in its boxing. Terry Reynolds, this year's new Captain, has collected under him some fine boxers: Pete Murdoch, who has a 100 per cent win record, rugged Carter Croft, as well as R. Fry and Bob Herbert. It is a shame Guy's doesn't show more respect for these dedicated sportsmen by attending more of their matches and exhibitions.

HOCKEY

This club is fielding up to three sides a week and is producing good form. It has achieved this even though, like other clubs, but probably more than most, it has been troubled by the late "tickers off" and last minute absentees.

SQUASH

They are quiet but highly active people in the squash club. There is a full fixture list each season, from which good results are obtained. They run coaching and practice matches on Wednesday afternoon, as well as the squash championship matches. The *Gazette* needs a few more reports.

ATHLETICS

The 1969 results may sound repetitive, winning the U.H. and U.L.U. championship for so many years, but one should not miss their relevance. This is the club which, although maintained by an active minority, receives the support of many people from other clubs, so that as a team it swamps all opposition. It is a tribute to Guy's.

CRICKET

The 1st XI didn't have a very successful season in 1969, in fact, there was great difficulty in fielding eleven players for some matches. It is a great shame that this happens as Guy's should be able to turn out a good side.

The 2nd XI, which lost all its matches, did however easily find eleven players.

GOLF

Guy's has some fine golfers. The old man (or should one say married man) D. L. Davies, again won the U.L.U. championship although tying for 1st place. As a team, Guy's won this U.L.U. match, and is at the present in the U.H. final.

TENNIS

Have they had a good season?

SAILING

A good 12-hour Marathon last spring and some competent sailing in the Guinness Cup. We would love to hear more from this club.

SO LET'S MAKE 1970 ANOTHER GREAT SPORTS YEAR FOR GUY'S.

WATER POLO

U.L.U. KNOCKOUT

Tuesday, 25th November.

2ND TEAM.

Thomas's I didn't turn up to play Guy's II, so they had no opposition until they came up against the formidable side U.C. 1 in the second round. One saving grace, supposedly, was that U.C. had to score two goals to get on level terms, because of the handicap system in this competition.

Nevertheless, Guy's II played above themselves as a team, and Davidson did a great deal of work in mid-field, and was unlucky not to score. U.C.'s superiority on paper, however, was hardly evident, and Guy's were unlucky to go down 3—2 on aggregate.

Team: Davidson, Howell, Wright, Aspin, Lovell, Sands, Rowlands.

1ST TEAM.

v. I.C. II. Won 4—2 (aggregate). We took some time to settle into this game and to make up the two-goal handicap, but efficient swimming and picking up I.C.'s mistakes led to a satisfactory victory.

v. A.M.C. III. Won 8—4 (aggregate).

v. U.C. I. Won 5—1 after extra time.

As U.C. and Guy's were the second pair of teams in the semi-final, and thus the winners had to play the final with only a short interval, it was decided to start the game playing at a slow pace. At the end of the first half we were a goal up, and were dominating the play, but with only seconds to go, U.C. equalised. In the two three-minute periods of extra time, we livened up a good deal, and two well-placed goals by Howell were among those that gave us a 5—1 victory.

FINAL v. Bart's I. Won 9—4.

After a 10-minute rest, we took on Bart's, who had the advantage of a two-goal lead before we took to water. It must have been our feeling that it was "Guy's Night", as we started with a feeling of superiority. After the first quarter we had scored one goal, but a cascade of goals in the second quarter, and a Bart's penalty that went into orbit, saw us with a comfortable 6—2 lead at half-time.

The third quarter was much more even, and although Jones did a lot of mid-field work in producing the ball near the Bart's goal, only one goal was taken.

As often happens, though, some complacency set in, and despite our scoring two more goals, we also conceded two as well owing to poor marking.

Credit must go to the defence and goalkeeper for conceding only three goals in the competition, and to the team as a whole for scoring 26 goals, and thus winning the competition and cup.

Team: Howard, Jones, Challacombe, Northcott, Adkins, Howell, Bevis.

SAILING CLUB

The Guinness Cup was held at the Welsh Harp Reservoir on Saturday, 29th November, in conditions more suitable for ice skating than sailing. This was an inter-hospital competition, with a total of ten teams competing, and Guy's fielded two fairly strong teams.

The first round saw Guy's I sailing against London I in a snow blizzard. Although our crews were complaining of frostbite, and Phil Meakin had to retire, having mistaken a snowflake for one of the opposition boats, we managed to scrape through to the next round.

Mary's II did not prove to be so much trouble, and it became a question of whether we could achieve minimum points in each of the two races.

This series of victories took the 1st team through to the semi-finals, where they met an extremely strong Thomas's team.

In the first race, thoughtful team tactics enabled Guy's to snatch a $2\frac{3}{4}$ point advantage, having started from an apparently hopeless position. The second race revealed the speed of the Guy's team, who managed to finish 1, 2, 6, giving a total advantage of 8 points. However, a protest by one of the Thomas's boats concerning an incident in the first race, resulted in a disqualification of one of the Guy's boats, and Thomas's managed to scrape through to the final.

The Guy's 2nd team had an easy win against London II, with Graham Hall leading the way in the first race. In the second round they found themselves up against Mary's I, which contained an assorted collection of previous University Captains. Although the Mary's team were far more experienced, Guy's II managed to give them a good race, until gear failure removed any chance of an upset.

It was certainly a day for moral victories.

Guy's I: M. Bye (captain), G. Barker, P. Meakins, P. Sinclair, M. McIntyre, W. Simpson.

Guy's II: A. Walker, R. Kinder, G. Hall, D. Cotton.

G.B.

BOXING CLUB

On Wednesday, 3rd December, the Boxing Club presented a show in the Pavy Gymnasium, which included five representatives of Guy's, and boxers from other London Clubs. There was also an exhibition match between Terry Waller (British 1968 Olympic Representative) and Terry Henderson (1969 European Games Representative). The show, besides attracting spectators from Guy's, was seen by supporters of all the participant London Clubs, and this large audience was given a fine evening's entertainment.

The first fight saw Charles Cox, of Guy's, in the ring, with a representative of Fitzroy Lodge Club, sporting a bright red beard and heavily tattoed arms. The first round was dominated by each boxer exploring the capabilities of his opponent with stylish but ineffective skirmishes. The straight punching of Cox's opponent gave Fitzroy Lodge a slight edge in this round. With the second's exhortations still ringing in the ears of both boxers, the crowd was treated to a furious exchange of punches at the beginning of the second round, the net result of which was the sight of the first blood of the evening—and to Guy's. The third round was predominated by the now confident Cox, all of whose punches were landing, and who was now finding great profit in going for his opponent's body. We were given a very good example of how to consolidate an advantage, Cox boxing very well to win the fight.

The second bout did not include a Guy's boxer, and was between R. (Sparrow) Harrison, of Belovic Club, and J. Doherty, of St. Pancras Club. The rather unusual style of Harrison was entertainment enough to make up for the slow, uncertain start of this contest. In the second round, Harrison continued to land a very telling punch on his opponent's chin which left him rather dazed, but still standing. However, Harrison's reaction, instead of assailing his opponent with more such blows, was to stand back and look rather apologetic, almost having to be ordered by the referee to box on. This was an opportunity that with hindsight, Harrison would not have missed, as Doherty came through in the third round to win a unanimous decision.

The next fight was between C. McGinty, of Belovic Club, and W. Bailey, of London Transport Boxing Club. The fight began amidst cheers of "Fares, please!" from the crowd, and Bailey certainly was taken for a ride by the stronger punching of McGinty, who won a unanimous decision.

Bout No. 4 was between S. Conner, of Robert Browning Club, and N. Bridges, of the Lynn Club. The fight was a contest between the longer reach of Bridges, and the body punching of Conner. The result confirmed that Conner's body punching was the more effective, and he was awarded a majority verdict.

J. May, of Robert Browning, and N. Campbell, of St. Pancras Club, were next in the ring. This fight was not notable for any particular feature except heavy punching from both boxers, which was well received by the crowd, not so the verdict, which gave May victory. His trophy was presented by Jim Revie (British Featherweight Champion), who extracted himself from a clinch with a long-legged blonde in a ring-side armchair, to shake May's hand.

The sixth fight was what Guy's supporters had been waiting for. Sam Marsh appeared in the ring to take on S. Holden, of the Lynn Club. From the beginning, Marsh was very aggressive and took the fight to his opponent, scoring well with nicely placed punches. The Guy's supporters became delirious with excitement at each fresh onslaght, and the sound of the first bell signalled the start of furious score calculations.

Round 2 saw a slight comeback by Holden, who took advantage of the occasional dropping of Marsh's right hand to score well to the head. However, the Guy's boxer soon corrected this and ended the round in style.

Round 3 saw Marsh scoring well again with good combinations and infighting, forcing his opponent on to the defensive. The result, received with noisy acclaim, was a unanimous win for Sam Marsh.

The seventh fight was the exhibition match between Terry Waller and Terry Henderson. Both boxers appeared, well protected by head-guards, and gave us a display of very stylish and fluent boxing. One could see that here were two very accomplished boxers, but this fight was not as enjoyable as it might have been, due to the inevitably pulled punches and mainly defensive tactics. No verdict was given on this fight as it was purely an exhibition.

The next fight saw another Guy's representative in the ring. Pete Murdoch, who was to take on the slightly shorter J. Scanlon from Robert Browning Club. The first round saw a nervous start by Murdoch, who did not get in distance when punching, but towards the end of the round he was weaving in better and scoring well. The second round saw a recovery by Murdoch, who

started well, but his opponent was still landing good, scoring blows despite Murdoch's good defence. In the third round, Murdoch became much more aggressive, and pursued his opponent more with good punches to the head, but unfortunately he could not make up for his opponent's previous penetration, and lost the bout.

Bout No. 9 was between Bob Herbert, of Guy's, and J. Gannon, of Robert Browning. The first round was a continuous hail of punches, but comparatively few points scored. Both boxers were very active, but Herbert's defence may just have given him this very close round. In the second round, Herbert's right hand got working well to score him some good points to his opponent's head and body. However, Gannon's longer reach began to tell in this round, and he used it cleverly to score well—another close round. The third round saw the strength of Herbert fail slightly, and the fitter Gannon make capital of this by attacking throughout. Herbert countered well throughout and was unlucky to lose.

Fight No. 10 was between D. Malcolm, of Lynn Club, and T. Fitzgerald, of St. Pancras. This fight showed what a good boxer Malcolm is. His very strong punching was too much for Fitzgerald to take, and in the second round the referee stopped the contest in Malcolm's favour after a lovely right had decisively floored Fitzgerald.

The last bout of the evening was between our own Carter Croft and P. Forward, of Robert Browning. Croft was much shorter than his opponent, and adopted risky but successful tactics against him. From the bell he rained such a hail of blows on his opponent, who was clearly not expecting them, that the referee intervened in the first round to stop the contest in Croft's favour. Looking slightly annoyed at being deprived of five minutes' sport, Croft left the ring to the cheers of the Guy's supporters.

Unfortunately, our Captain, Terry Reynolds, could find nobody bold enough to contest him, but we should thank him and all those concerned, particularly the boxers, for providing us with such excellent entertainment.

C. J. K. ELLIS.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

BREAST UNIT
NEW CROSS HOSPITAL

A **Receptionist** (full time or part time) will be required for this new unit of 21 beds opening shortly. Post particularly suitable for Doctor's wife. Salary, full time post of 38 hours per week, £720 rising to £1,109 per annum. Applications with names of two referees to the Secretary, New Cross Hospital, Avonley Road, S.E.14.

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the post of **Senior Registrar** in Orthodontics. The duties are to be shared between Guy's Hospital (six sessions) and the South-East Metropolitan Regional Hospital Board (five sessions) with attachment to the Woolwich Group and the Cray Valley and Sevenoaks Group. Duties to commence 14th February 1970 or as soon as possible thereafter. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than **Saturday, 3rd January 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL
PHYSIOLOGY DEPARTMENT

Applications are invited from Medical or Dental Graduates for a temporary post as **Junior Lecturer** or Lecturer as from 1st January 1970, or as soon as possible thereafter. Good opportunities exist for co-operation with the Clinical Departments of the Medical and Dental Schools. Salary on scales £1,240 x £115—£1,585 plus £60 L.A. or £2,045 x £115—£2,850 plus £60 L.A. according to experience Forms of application are obtainable from the Dean, Guy's Hospital Medical School.

SCHOOL OF NURSING, GUY'S HOSPITAL, LONDON, S.E.1

Introductory Course

A vacancy has arisen in the School of Nursing for a **Ward Sister,** interested in teaching, to work with the Introductory Course. She will be required to teach practical work in the wards and will also be responsible for classroom maintenance and practical teaching. Hours of Duty: 8.30 a.m.—4.30 p.m. Monday—Friday with one Saturday morning on duty per month. Will any Sister who is interested please contact Sister Brysson Whyte or Sister Thirza Swindells as soon as possible.

PASS LIST

The following Nurses have passed the Final State Examination held in October 1969:—

Green, D.
Holdsworth, E.
Mitchell, K.
O'Hare, K.
Rowe, K.
Jenkins, C.
Peskett, J.
Allardyce, R.
Allen, R.
Fryer, J.
Fysh, K.
Giles, S.
Hawker, S.
Heard, N.
Holloway, J.
Hurt, M.
Johnstone, A.
Jones, S.

Anderson, E.
Anderson, M.
Andrews, J.
Barker, L.
Barrett, H.
Baxter, C.
Bee, E.
Bellamy, S.
Burtenshaw, J.
Bynoe, S.
Caple, A.
Caraher, C.
Carter, M.
Chesterfield, J.
Cheshire, J.
Corbett, V.
Coultas, F.
Czlapka, N.
Davis, S.
Fleming, R.
Foottit, J.
Lane, H.
Lloyd, T.
Mansfield, L.
Marsden, C.
Marsh, D.
Palmer, L.
Pereira, D.
Poole, J.
Robinson, H.
Rodier, A.
Rudham, J.
Saltonstall, W.
Searles, J.
Steeley, M.
Stokes, B.
Vale, P.
Warbrick, D.
Ward, A.
Bromley, J.
Dodgson, J.

THE CHARTERED SOCIETY OF PHYSIOTHERAPY
November 1969—Pass List

Final

Miss P. M. Ardley
Mrs. G. M. Baker
Miss M. J. Batchelor
Miss J. E. Chaplin
Miss R. L. Clifton-Crick
Miss C. M. Grossmith (Credit)
Miss J. A. Hudson
Miss S. G. Keatinge
Miss J. J. Palmer
Mrs. M. R. Pinkney
Miss H. E. Robins
Miss S. E. Stephens
Miss A. L. Templeman
Miss G. Wilcox (Credit)

Intermediate

Miss S. M. Andrews
Miss E. V. Bradford
Miss J. M. Chapman
Miss F. M. Dallosso
Miss J. G. Davies
Miss P. J. Harris
Mrs. J. M. Howard
Miss P. A. Mason
Miss S. Mason
Mrs. B. J. Morgan
Miss S. D. Peppiatt
Miss D. C. Sanderson
Miss P. A. Sinclair
Miss E. R. Taylor-Balls

Preliminary

Miss N. C. Armstrong
Miss A. M. Boulter
Miss S. G. Butler
Miss R. J. Chamberlain
Miss V. M. Davidson
Miss E. M. Evans
Miss S. Gray
Miss J. M. Hill
Miss E. L. Keeping
Miss J. M. Kelly
Miss V. L. Lockhart
Miss D. C. Lewton-Brain
Miss J. S. Mansfield-Brown
Miss J. Norrie
Miss J. E. Thompson
Miss B. A. Thurlow
Miss D. S. Willis

CHANGES OF ADDRESS

Mrs. Merilyn Canet, B.D.S., "Brenchley" Argos Hill, Rotherfield, Sussex.

Dr. Michael J. Lindop, 17, Weybridge Road, Thornton Heath, Surrey, CR4 7LN.

BIRTHS

CANET—On 31st October, 1969 to Peter and Merilyn (née Callieu) Canet, a daughter, Sarah Victoria Callieu Canet.

EASTBURN—On 22nd November at Purley Memorial Hospital to Anthea (née Eckett S.R.N.) and Captain Alan Eastburn, Royal Signals, a son, Matthew George.

LINDOP—On 7th September at Brighton, to Kari (née Brachel) and Michael Lindop, a son (Tom Christian).

PERSONAL

CHRISTMAS GREETINGS

May I beg the courtesy of your columns to send Christmas greeting from my wife and myself to all our friends at Guy's, since we are unable to send cards this year.

W. E. HERBERT.

The National University of Iran,
School of Dentistry,
Evin, Tehran, Iran.

GUY'S MAN willing to almost give sound Dental Practice away to ensure continuity of treatment for patients of over twenty years standing. Two surgeries, one Low-Level, compact and easy to run. South-West Coastal Town. Box No. 12/12.

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